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CISTOCELE AND URINARY INCONTINENCE CORRECTION USING SLING WITH WHIPSTITCH EDGES.

Hypothesis / aims of study

To recognize the functional results on urinary continence and symptoms related to cistocele in a sample of 141 patients who underwent surgical correction.

Study design, materials and methods

630 women were examined because of urinary incontinence with/without other LUTS, and 168 (26.66%) were diagnosed of cistocele between March 2003 and March 2012. Women were treated with vaginal pessary, local estrogens & pelvic floor biofeedback, surgical correction with/without mesh + TOT. We analyzed the results in four groups: Group A (n=76): women underwent anterior colpoplasty without mesh and TOT with sling with whipstitch edges; Group B (n=15): women underwent anterior colpoplasty with mesh and TOT with sling with whipstitch edges; Group C (n=30): women underwent anterior colpoplasty without mesh and TOT with sling without whipstitch edges; Group D (n=20): women underwent anterior colpoplasty with mesh and TOT with sling without whipstitch edges. They were examined 48-72 hours after surgery and a deferred readjustment of the sling was performed when needed and possible. Results on continence, LUTS, follow-up time, postoperative complications were studied. ICIQ-SF and SF36 Health Survey questionnaires were used. Descriptive statistical, ANOVA, Student's t-test, Fisher exact test were utilized. $p<0.05$ was accepted as significant.

Results

Homogeneous age (p=0.5962), median 63.03y (42-87). Table 1 shows the results of ICIQ-SF and SF36 Health Survey questionnaires pre and post surgical treatment (ST), readjustment postST, recurrent urinary tract infections postST and successful outcomes (%). There were no differences in ICIQ-SF neither SF36 Health Survey pre-ST questionnaires (p=0.2371) nor time follow up (p=0.6291), median 91months (1-108).

Group A shows better continence (p=0.0034) and quality of life index (p=0.0021) comparing the other three groups.

Interpretation of results

After 9 years using TOT and mesh to repair cystocele and UI, it is time to analyze functional results. 48-72 hours postoperative readjustment, to relax or to tense the sling, is easy and possible with whipstitch edges sling, which show firm and soft structure that allow readjustment without deformation. Less postoperative urinary retention (p=0.0001) and recurrent urinary tract infections (UTI) (p=0.0012) in surgical repair without mesh, seems to indicate better results reparing cystocele without mesh and using whipstitch edges transobturator sling.

Concluding message

Cystocele surgical repair without mesh plus transobturator tape with whipstitch edges sling achieve best outcomes. Long term follow up and wider studies are needed to confirm this findings.

Keywords: Cystocele. Urinary incontinence. Transobturator tape. Whipstitch edges sling.

Table 1: Results after surgical treatment (ST) of cystocele and urinary incontinence.

	Group A: No mesh+Whipstitch edges sling.	Group B: Mesh+Whipstitch edges sling.	Group C: No mesh + Sling without whipstitch edges.	Group D: Mesh + Sling without whipstitch edges.
ICIQ-SF preST	23(15-28)	24 (18-27)	27(19-29)	26(17-27)
ICIQ-SF postST	5(2-28)	14 (2-29)	18 (2-28)	20 (2-29)
SF 36HS preST	40 (39-70)	49(40-88)	52 (39-65)	48 (40-80)
SF 36HS postST	150 (45-152)	70 (42-132)	89 (45-151)	80 (39-145)
% readjust patients after 48-72h	26.31	33.33	10	25
% repeated UTIs postST	7.89	33.33	46.66	55
% Cured patients	85	50	70	40

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