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READJUSTABLE SLING FOR FEMALE STRESS URINARY INCONTINENCE (REMEEX SYSTEM); COMPLICATIONS AND THEIR MANAGERMENTS

Hypothesis / aims of study

Remeex system which is able to readjust the tension is being used in managing prior failed sling surgery and ISD. We evaluated the complications of Remeex implantation and their managements.

Study design, materials and methods

We analyzed the patients' medical records who underwent Remeex implantation because of recurred SUI and ISD, especially focused on the complications.

Results

82 patients who underwent Remeex implantation from 5 different hospitals were included in the study. 50 (61.0%) patients were ISD and 32 (39.0%) were recurred SUI. Mean age was 59.3±7.4 years old and follow up period was 12.6±4.8 months. Stamey symptom grades before Remeex implantation were Grade II in 33 (40.2%) and Grade III in 49 (59.8%). 37 (45.1%) patients had combined OAB and 27 (32.9%) had urethral hypermobility. Complications of Remeex implantation were as follows; suprapubic wound infection in 6 (7.3%), readjustment in 3 (3.7%), urinary retention in 2 (2.4%), and de novo urgency in 11 (13.4%) patients. Wound infection was managed by meticulous wound dressing and administration of broad spectrum antibiotics, however, in one patient, Varitensor should have been removed. Tension should be readjusted because of recurred SUI in 3 patients, two patients of urinary retention after manipulator removal were managed by urethral soundation, and de novo urgency were managed by anticholinergic drugs. 52 (63.4%) patients were cured, 21 (25.6) were improved and 9 (11.0%) were failed.

Interpretation of results

Remeex implantation is able to be readjusted by minimal incision if SUI recurred after implantation, however, it seemed to be vulnerable to be infected than TVT or TOT. It is likely that the incidence of de novo urgency is higher than other sling materials.

Concluding message

Although the complications caused by Remeex implantation were not serious, we should focus on wound care and tension to minimize the implantation failure.

Disclosures

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