

**Abstract Reproduction Form B-1**

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Title (type in
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LETTERS)SURGICAL TREATMENT FOR VALSALVA INDUCED DETRUSOR
INSTABILITY

Aims of Study: Detrusor instability (DI) that is initiated by increases in intraabdominal pressure has always been a difficult entity to treat. Most patients fail pharmacologic attempts to correct this problem because this form of incontinence may be due to traction on the pelvic nerves which occurs when increases in abdominal pressure are applied to already weakened pelvic supportive tissues. Our treatment of choice for such patients is a pubovaginal sling which will stabilize the urethrovesical junction during valsalva maneuvers.

Methods: 36 patients between the years of 1994-1998 were treated with pubovaginal slings for valsalva induced DI which was diagnosed on preoperative video urodynamics. The sling material used was either in-situ vaginal wall (20 pts), rectus fascia (4 pts), Protegen (3 pts), free swing vaginal wall (6 pts), or cadaveric fascia (3 pts). Follow-up ranged from 6 months to 4 years and was achieved by subjective questions as well as objective examination.

Results: 33/36 (92%) of the patients were cured. The leak point pressure (LPP) for the cured patients were as follows:

LPP	Number of Patients
<50	9
50-100	17
>100	7

The three failures had LPP between 50 to 100. Two of the three failures had Q tip tests $<30^\circ$. Urge/urge incontinence resolved in 50% of the patients.

Conclusion: Pubovaginal sling procedures can cure valsalva induced DI. LPP does not determine who will do well. Evaluation for hypermobility may help predict the success/failure of a procedure by identifying those who have valsalva induced DI resulting from traction on the pelvic nerves.