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## Abstract Reproduction Form B-1

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University of Southern California, Los Angeles, USA

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Title (type in  
CAPITAL  
LETTERS)LONG-TERM URODYNAMIC FOLLOW-UP OF A "VAGINAL BURCH  
PROCEDURE" FOR STRESS

Aims of Study: Randomized trials comparing retropubic urethropexy to vaginal needle suspensions show better cure of stress urinary incontinence with the retropubic urethropexy. Both operations appear to work by suspending the bladder neck. What feature of the retropubic urethropexy accounts for its long-term success? A unique feature of the Burch retropubic urethropexy is the fact that the bladder neck is anchored to a fixed, immobile structure. Vaginal needle suspension techniques have the clear advantage of less morbidity. We sought to improve this operation by combining it with the Burch technique.

Methods: Nineteen patients with urodynamically proven pure stress incontinence underwent the "Vaginal Burch" without complication: the bladder neck is dissected vaginally and bilaterally sutured. Each suture is transposed to a small ipsilateral incision made lateral to and at the level of the pubic symphysis. Cooper's ligament is dissected through these incisions. Each suture is passed through the ligament and tied to suspend the bladder neck.

Results: Fourteen of the 19 subjects were available for a long-term follow-up evaluation. Mean urodynamic follow-up was 50 months with

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**Abstract Reproduction Form B-2**

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a minimum of 48 months. One patient had de novo bladder overactivity, and two patients had stress incontinence. Cure rate on objective evaluation was 79% at long-term follow-up.

Conclusions: Although this is a small series, it demonstrates that the Burch retropubic urethropexy can be accomplished safely by a less morbid approach. Cure rate on long-term follow-up evaluation after the "Vaginal Burch" is similar to the open procedure.