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### Abstract Reproduction Form B-1

Author(s):	Donald I. Galen
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Institution	Reproductive Science Center of the Bay Area, San Ramon CA, USA
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Title (type in CAPITAL LETTERS)	THERMAL URETHROPLASTY FOR THE TREATMENT OF SUI AS A MINIMALLY INVASIVE TECHNIQUE TO SHRINK THE ENDOPELVIC FASCIA: TWO SURGICAL APPROACHES

**Aims of Study:** Evaluate tissue response and the safety and efficacy in thermally treating the endopelvic fascia with radiofrequency in females diagnosed with Type II stress urinary incontinence (SUI) utilizing both a laparoscopic and transvaginal approach. **Methods:** Comparative design involving two parallel, prospective, single center studies with an enrollment of 10 patients at each study. **Patients:** Female patients who had completed child bearing and who had no prior abdominal surgery. Ages ranged from 45-63 years and SUI symptoms averaged 9.5 years. **Interventions:** Ten patients were sequentially entered into one study arm undergoing thermal urethroplasty via a laparoscopic extraperitoneal approach while another 10 female patients were sequentially entered into a second study arm undergoing thermal urethroplasty via a transvaginal approach. **Results:** Operative and postoperative results were comparable for both treatments. Operatively, tissue shrinkage was visually apparent and no operative complications were found with either approach. Postoperatively, one minor complication was reported with the transvaginal approach and two minor complications were observed with the laparoscopic approach. All of the complications were unrelated to the thermal probe and were resolved within one week of treatment with no sequela. All patients were seen at 1 week and again at 1, 2, 3, and 6 months post-treatment. For both approaches, the improved/cured rate ranged from 70-90% based on a 5-criteria rating scale at each post-treatment evaluation. All patients had improved quality of life (QOL) scores and ranked their satisfaction as either 4 or 5 on a 5-point numeric rating scale (NRS-5). **Conclusions:** Preliminary results indicate that this bipolar probe provides results comparable to the conventional Burch procedure for both the laparoscopic and transvaginal approach. Both minimally invasive approaches simplified technical requirements, minimized patient discomfort, and consistently resolved SUI symptoms.