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Title (type in
CAPITAL
LETTERS)SAFETY AND EFFICACY OF CADAVERIC FASCIA LATA FOR THE
PUBOVAGINAL SLINGAIMS OF STUDY

Cadaveric allograft fascia is increasingly used as an alternative tissue for pubovaginal sling (PVS). It eliminates the need for harvesting fascia from the patient's body. We have been using cadaveric fascia lata as a sling material in all patients since early 1998. Results were analyzed to assess the safety and efficacy of allograft fascia in these patients. We also compared the outcome retrospectively, with a group of patients who underwent PVS with autologous fascia lata.

METHODS

Eleven patients with stress urinary incontinence (SUI) underwent PVS surgery between April 98 to December 98. Cadaveric fascia lata (15x 2 cms) was used in all patients supplied by different vendors. All patients underwent preoperative multichannel urodynamic study. Intrinsic sphincter deficiency (ISD) as etiology of their SUI was confirmed in all patients by demonstrating low valsalva leak point pressures. Informed consent was obtained for the use of freeze-dried allograft fascia lata. Modified pubovaginal sling procedure was performed as described by Wright et al [1]. Several outcome variables were measured and were then compared with another group of ten patients with SUI who underwent PVS with autologous fascia lata between May 96 to May 97.

RESULTS

The data from the allograft and autologous sling are summarized in the table below.

	<u>Allograft</u>	<u>Autograft</u>
Mean age, years (range)	58.3 (39-72)	50.3(38-68)
Mean OR times, min. (range)	109.4 (82-140)	121.8(88-183)
Mean hospital stay, days (range)	2.6(2-4)	1.3(1-3)
Mean blood loss, cc's (range)	182(50-800)	350(50-1000)
Concurrent surgery	2	3
Follow-up, months (range)	8(3-11)	20.4(18-52)

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	<u>No. of Patients</u>	<u>No. of Patients</u>
Denovo urgency	2	1
Recurrent urinary incont.	1	1
Urinary retention (duration in wk)	2 (1&3 wks)	1(2 wk)
Superficial wound infection	1	0

One patient in allograft group underwent vaginal hysterectomy, cystocele and rectocele repair and another patient underwent sacrospinous ligament fixation at the same time. One patient, in the allograft group failed six month later following a fall and probably broke her sling. There were no complications resulting from the use of cadaveric fascia as such. Early continence rates are excellent. There were no cases of sling infection or erosion.



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CONCLUSIONS

Compared with autologous fascia, early results show that cadaveric fascia lata: 1) can be safely used as sling material; 2) initial urinary continence and retention rates are comparable to the autologous fascia; 3) adds no increased risk of infection or erosion and results in no adverse outcome or morbidity; 4) associated with shorter operative time although not statistically significant; 5) potentially may reduce the overall operative cost. A longer follow-up will be needed to conform long-term safety.

[Reference: J Urol. 160:759, 1998]