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Two year follow up of Open and Endoscopic Burch  
Colposuspension

**Aims of Study:** To assess the results of open and endoscopic Burch Colposuspension with particular reference to operating time, length of stay in hospital and surgical results at follow up.

**Methods:** Thirty patients who attended the urogynaecology clinic during the period 1996 - 1997 opted for an endoscopic Burch Colposuspension using a tacker mesh technique. This group has been compared with a matched group of thirty women who had an open Burch Colposuspension during the same period. All sixty women had urodynamically proven genuine stress incontinence and no previous incontinence surgery. All operative procedures were performed by the same surgeon (PH) and have been followed up in the urogynaecology clinic.

**Results:** Mean operation time was 39 min (range 26 - 75) in the endoscopic group and was 44 min (range 25- 85) in the open group. The mean length of stay in hospital was 3.8 days (range 3 - 6) in the endoscopic group and was 6.4 days (range 5 - 11) in the open group. At two years, pad testing revealed a success rate of 83% in the endoscopy group and 77% in the open group. Those patients with symptoms of urgency or frequency had repeat urodynamic assessment and Detrusor instability was present in 3% of the endoscopy group and 13% of the open group. Interim results of follow up at 6 months and one year will also be presented.

**Conclusions:** There appears to be little difference in success rates at two year follow up, but there was an significant reduction in hospital stay. It is encouraging that the success rates are similar given the fact that the operator (PH) had only one years experience of the endoscopic approach prior to commencement of the study period as compared to eleven years experience with open procedures. Even if the endoscopic success rate does not improve, a maintenance of similar success rates in longer term follow up, with reduced hospital stay and accelerated recovery times would suggest that the endoscopic approach should be recommended.