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Author(s):

H. J. Kaplan, G. J. Mamo

Double Spacing

Institution
City
Country

Towson, Maryland, USA

Double Spacing

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CYSTOURETHROPEXY AND PUBOVAGINAL SLING TECHNIQUES
UTILIZING A UNIQUE BONE ANCHOR AND INSTRUMENTATION
SYSTEM
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Aims of Study: Evaluate a new approach to the treatment of female stress incontinence and intrinsic sphincter deficiency utilizing a C-shaped instrument in which prethreaded titanium nickel bone anchors are utilized in the correction of the above-mentioned defect.

Methods: Total of eighteen patients consisting of either pure stress incontinence, intrinsic sphincter deficiency, or mixed incontinence along with various degrees of pelvic relaxation syndrome, i.e. cystocele, enterocele, or rectocele, were treated with a system of miniature bone anchors placed in the posterior aspect of the pubic bone through a totally transvaginal approach. The fascia material utilized in the twelve cases of pubovaginal sling consisted of pre-prepared commercially available human fascia lata.

Results: The procedure was successfully performed on all eighteen patients. Of the twelve sling patients (ages 38-75 with the median age of 60), only one patient had a pure incontinence procedure performed; the remainder having had a variety of procedures including vaginal hysterectomy, enterocele, rectocele, and anterior and posterior colporrhaphy.

Of the twelve patients, none experienced any major postoperative complications, although five of the patients developed a vaginitis requiring local therapy and two patients developed postoperative, uncomplicated UTIs. Most patients required five days of catheterization. One patient required fifty days of suprapubic drainage. To date, all patients are completely continent with ongoing evaluations to be repeated q6months.

Of the six cystourethropexy's, the average patient age was approximately 52 years and this group also consisted a mixture of total hysterectomies and pelvic relaxation syndrome support corrective measures. To date, all of these patients are continent without any significant complications in the postoperative period. No patient to date has developed de novo bladder instability. Further follow up on all patients will be reported.

Conclusions: This technique offers the advantage of being able to perform to a variety of pelvic relaxation syndrome corrective procedures and at the same time, utilize the traditional pubovaginal sling procedure or cystourethropexy through a total transvaginal approach. Perioperative morbidity is significantly reduced.

The patient in-hospitalization time can be significantly reduced if only the pure suspension procedure is performed and the basic principle of bladder neck support can now be anatomically re-created by a simple, easily learned technique which is patient-friendly and economically advantageous.