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ANTERIOR VAGINAL WALL SLING FOR STRESS URINARY INCONTINENCE : EFFICACY AND OUTCOMES OF AT LEAST 2 YEARS FOLLOW-UP

Aims of Study: The vaginal wall sling was introduced by Raz as a effective and less-morbid alternative to fascial or synthetic slings for the treatment of female stress urinary incontinence. We present our clinical outcomes of anterior vaginal wall sling (VWS) with at least 2 years follow-up in order to determine its long-term efficacy Methods: From November 1994 to August 1997, 103 women with stress urinary incontinence underwent VWS Seventy-two patients were available for the evaluation of at least 2 years follow-up. Preoperative evaluation included voiding cystourethrography, urodynamic study, cysotscopy and incontinence staging with subjective SEAPI classification(S=stress incontinence, E=emptying ability, A=anatomy, P=pad usage, I=instability) Postoperative subjective SEAPI outcome measures, assessment of complications and current satisfaction of surgery were checked on a 3-month basis. The mean age of the patients was 50 years and mean valsalva leak point pressure (VLPP) was 59.1 cmH₂O. Of the patients 51(71%) patients had VLPP of less than 60 cmH₂O and 21(29%) more than 61 cmH₂O Results: Follow-up ranged from 24 to 45 months with a mean of 36. At follow-up of 3 month after operation, all of the patients reported no stress urinary incontinence. At last follow-up the cure/dry(S=0) rate was 72 2%(52 Pts) The current satisfied rate of surgery was 71%. No preoperative demographic factors, age, symptom duration, VCUG type, or the VLPP et al. could reliably predict the cure. De novo urge incontinence was noted in 6(8.3%) of the patients. Complications included: urinry tract infection 5(6.9%), blood transfusion 3(4.2%), wound infection 2(2.8%), bladder injury 1(1.4%), and chronic urinary retention more than 1 month 11(15.3%). In three patients, suspension material was removed due to more than 3 months of urinary retention

<u>Conclusions</u>: The cure/dry rate of VWS is 72.2% over 2-years follow-up. We should be aware of recurrence rate of 28% that is considerably high compared to the short-term follow-up. Although the evaluation of the effectiveness of VWS requires longer follow-up, we can't affirm that vaginal wall sling is an effective and reliable procedure with this results.