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Title: UPDATE ON THE RESULTS OF THE TRANSVAGINAL CADAVERIC PROLAPSE REPAIR WITH SLING (CAPS)

Aims of Study:

To present our updated results using the cadaveric fascial patch for transvaginal sling and cystocele repair.

Methods:

A total of 126 consecutive patients underwent the CAPS procedure with a minimum followup of 6 months. Outcome was evaluated using history, physical examination, a validated quality of life questionnaire, SEAPI scores, and incontinence impact questionnaire. Of the 126 patients, 90 patients returned the questionnaires and were included in the study. The patients ranged from 35-90 years (66 mean) with a followup of 6 to 34 months (mean 13 mos). A 6x8 cm "T" shaped piece of non-frozen cadaveric fascia lata was placed transvaginally to repair the cystocele and to provide the sling support from the proximal urethra to the bladder neck. The sling was secured to the pubic bone with transvaginally placed bone anchors. The remainder of the fascia was fixed to the levator muscles bilaterally and to the vaginal cuff or cervix to reduce the cystocele.

Results:

Of the 126 patients, 93 (74%) were 50% or more improved. 33(26%) experienced \leq 50% improvement or significant incontinence. A total of 15 (12%) had recurrent prolapse on follow-up including 7 (6%) recurrent grade 1 cystoceles, which have not required further treatment. Mean preoperative and postoperative SEAPI scores were 6.2 and 2.0 respectively, representing a significant improvement ($p < 0.0001$). 70% of patients were \geq 80% satisfied with their results and 76% would recommend the surgery to a friend. 39% of patients reported that they were completely dry and 71% reported \geq 80% improvement in their symptoms. De novo urgency occurred in 11 (12%) of patients with 6 patients (7%) having postoperative stress incontinence. There was no permanent retention and only 1 case of osteitis pubis.

Conclusions:

The results using the transvaginal placement of cadaveric fascia for the reduction of cystoceles is promising. Thus far, the cystocele recurrence rate is minimal with acceptable continence when utilizing the strong cadaveric fascial tissue as both a transvaginal sling and a patch to repair the defect through which the bladder herniates into the vagina.

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None