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Title: UPDATE ON THE RESULTS OF THE CADAVERIC TRANSVAGINAL SLING (CATS)

Aims of Study:

To assess the outcome of the cadaveric fascial transvaginal sling for the treatment of female stress urinary incontinence.

Methods:

A total of 219 consecutive patients underwent the transvaginal placement of non-frozen cadaveric fascial sling using transvaginal bone anchors. Outcome was evaluated using history, physical examination, a confidential incontinence impact questionnaire, and SEAPI scores. Questionnaires were mailed every 6 months after surgery. Of the 219 patients, 161 patients returned the questionnaires and were included in the study. The patients ranged in age from 23-90 years (mean 63 years) and were followed for a range of 6-33 months (mean 14 months). After an inverted U flap of anterior vaginal wall is mobilized, transvaginal bone anchors were placed to support a 2x7 piece of cadaveric fascia lata sling, which supported the proximal urethra and bladder neck.

Results:

Of the 219 patients, 157 women (72%) were > 50% improved. Sixty-two women (28%) experienced ≤50% improvement or significant incontinence on follow-up. 50/161 (32%) of patients reported 100% improvement, 97/161 (60%) were >80% improved and 109/191 (68%) were > 50% improved. Denovo urgency occurred in 21 (13%) of patients. Mean SEAPI scores were 5.8 preoperative and 2.4 postoperatively, representing a significant decrease ($p < 0.0001$) in symptoms. Overall, 56% of patients were ≥ 80% satisfied with the procedure on a visual analogue scale, and 73% would recommend the surgery to a friend. Fifty-two reported ≤50% improvement: 23 (14%) had mixed incontinence, 7 (4%) had urge incontinence, 15 (7%) had stress incontinence, and 6 (4%) were not clear regarding their symptoms of incontinence and 1 patient did not report incontinence. No permanent retention occurred. Two patients had osteitis pubis without osteomyelitis and four patients had wound separations which healed spontaneously.

Conclusions:

The early results with the transvaginal placement of the cadaveric fascial sling with bone anchors are promising. Follow-up with confidential questionnaires are an effective means of assessing outcome. Post-operative complications have been minimal. We continue to follow this population of patients to define the long-term results of the CATS procedure.

Source of Funding:

None