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Title: TREATMENT FOR COMBINED STRESS URINARY INCONTINENCE AND CYSTOCELE USING A SINGLE PIECE OF CADAVERIC DERMAL ALLOGRAFT

Aims of Study:

To investigate the feasibility of using a single piece of cadaveric dermal allograft for the repair of stress urinary incontinence with concurrent cystocele.

Methods:

We enrolled 19 patients who were diagnosed by physical exam and video urodynamics to have combined stress urinary incontinence (SUI) and symptomatic cystoceles of grades III or IV. Eleven out of 19 patients had prior open repairs for SUI. All patients underwent a combined pubovaginal sling (PVS) and cystocele repair using a single piece of cadaveric dermal allograft [3 x 7 cm]. The single strip of dermal graft was placed in a longitudinal direction with the function of the distal end to support the urethra and bladder neck, while the proximal longitudinal portion was used to bridge the lax pubocervical fascia after anchoring it to the cervical stump. Mean follow-up was 24 months by physical exam, video urodynamics and bladder bothersome visual analogue scale (VAS).

Results:

Of the 19 patients, one developed an acute inflammatory reaction to the cadaveric dermal graft postoperatively. She subsequently underwent a successful conversion to fascial PVS. Of the remaining 18 patients 17 (94%) were cured of their stress incontinence, including 10 who had prior open repairs, and 16 (89%) had no recurrence of cystoceles while two had asymptomatic grade I and II cystoceles. One patient developed *de novo* detrusor instability successfully treated with anticholinergic medication. No case of urethral obstruction occurred.

Conclusions:

The use of a single piece of cadaveric dermal graft slings for concomitant PVS and cystocele repairs is feasible and simple to perform. At 24 months follow-up, documented with videourodynamics, urethral obstruction or symptomatic cystocele recurrence were not found.

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