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Title: SUPRAPUBIC SLING ADJUSTMENT: MINIMALLY INVASIVE TECHNIQUE OF SLING REVISION FOR RECURRENT STRESS INCONTINENCE

Aims of Study:

Recurrent stress urinary incontinence (SUI) after a sling surgery is a complex problem. We describe a minimally invasive method of correcting recurrent SUI after a sling surgery.

Methods:

Between July 1998 and June 2000, we performed suprapubic sling adjustment in 10 women with recurrent SUI after sling surgery. These women had received antibacterial Gore-tex patch sling (N=4), autologous dermis patch sling (N=3), and autologous rectus fascia patch sling (N=3). All patients underwent pre- and postoperative multichannel urodynamic testing, voiding diary, pad test, cough stress test, Q-tip test, pelvic examination, and filled out a self-reported outcomes questionnaire. Sling was revised by adjusting the sling tension suprapubically. Surgical technique: Suprapubic incision was made and the suspension sutures were dissected out. A 2.0 polypropylene suture was looped under the ipsilateral suspension suture and sewn to the contralateral rectus fascia. This repeated for the opposite side. Correct tension was gauged by measuring the resting Q-tip angle and observing urine leakage under anesthesia. The surgical technique will be discussed.

Results:

The mean age was 56 years (range 45-73). The mean follow-up was 13 months (range 8-28). The mean operating time was 45 minutes (range 30-50). The mean estimated blood loss was 9 mL (range 5-15). No intraoperative complications were noted. Of 10 women, 9 became completely dry and one was greatly improved. Objective cure rate was 90% (9/10) while subjective cure rate was 100% (10/10). Preoperative mean ALPP was 110 cm H₂O (range 100-135). Postoperatively, 9 women did not demonstrate any urine leakage while one woman generated an ALPP of 189 cm H₂O compared to preoperative ALPP of 120 cm H₂O. The incidence of de novo urge incontinence was 2% (2/10). The incidence of persistent urge incontinence was 30% (1/4). The mean resting Q-tip angle was (+) 20 and (+) 5 degrees pre- and postoperatively. The mean Valsalva Q-tip angle was (+) 40 and (+) 5 pre- and postoperatively. The mean pad use decreased from 3 pads per day to less than one pad per day. The mean self-reported satisfaction score was 9 (range 8-10) on a visual analogue scale.

Conclusions:

Patch slings may be revised safely with excellent results. Adjusting the sling tension suprapubically is a minimally invasive technique. We recommend suprapubic sling adjustment as an intermediary step before resorting to a complete sling takedown/ revision in a recurrent stress incontinent female.