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Title: PUBOVAGINAL SLING USING CADAVERIC FASCIA LATA VERSUS ANTERIOR VAGINAL WALL SLING: COMPARISON OF SURGICAL OUTCOME

Aims of Study:

Sling procedures to compress the female urethra have become increasingly popular in the treatment of female stress urinary incontinence. The aim of this study is to compare the surgical outcome of the two sling procedures for the treatment of stress urinary incontinence: pubovaginal sling using cadaveric fascia lata versus anterior vaginal wall sling procedure.

Methods:

From January 1998 through April 2000, we compared 31 consecutive women who underwent a pubovaginal sling procedure using cadaveric fascia lata with 73 consecutive women who underwent an anterior vaginal wall sling procedure. Patients were evaluated preoperatively with history, physical examination, voiding diary, stress test, Q-tip test, pad test, cystourethrography, urodynamic study including valsalva leak point pressure measurement and incontinence staging. The outcome was assessed using the SEAPI scoring system.

Results:

According to the Stamey grade, grade I, II, and III were 13, 13 and 5 for pubovaginal sling (group 1) and 32, 33, and 8 for anterior vaginal wall sling (group 2), respectively. Preoperative parameters, such as mean age, SEAPI incontinence score and mean leak point pressure, were similar in both groups. Mean followup was longer in group 2 (3 versus 5 months). Mean operative time was similar in both groups (76.9 versus 78.9 minutes). Mean duration of hospital stay was the same in both groups (8.6 days). Also, mean duration of postoperative indwelling of suprapubic cystostomy tube was similar in both groups (15.2 versus 17.6 days).

A total of 30 of the 31 group 1 patients (97%) were cured of stress urinary incontinence and a total of 70 of the 73 group 2 patients (96%) were cured. Preoperative urge incontinence resolved in 6 of 14 group 1 patients (43%) and in 22 of 41 group 2 patients (54%). De novo urge incontinence developed in 3 of 17 group 1 patients (18%) and in 10 of 32 group 2 patients (31%). There were no significant infection, prolonged urinary retention, pelvic hematoma and mechanical failure of sling materials.

Conclusions:

Even though there were not enough data to allow a comparison of our short-term results, we had revealed that the two sling procedures had equally high success rates and low complication rates. So, we conclude that the two types of sling procedures are thought to be an effective treatment modality for all types of female stress urinary incontinence.