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Title: BURCH COLPOSUSPENSION BY LAPAROSCOPIC OR ABDOMINAL APPROACH REPORT FROM A RANDOMISED STUDY

Aims of Study:

There is a lack of prospective, randomised studies of surgical procedures for urinary incontinence. New techniques are introduced, without being properly validated. In this randomised study women with genuine stress incontinence or mixed incontinence were included. The golden standard Burch colposuspension by laparotomy was compared to two laparoscopic methods, one technique using Prolene mesh and staplers and the other using sutures.

Methods:

Incontinent women underwent preoperative assessment with questionnaires, including Quality of Life scoring by VAS-scale, physical examination, 48-hour frequency-volume chart, pad-test, stress test, urodynamics and residual volume. Only women with genuine stress incontinence or mixed incontinence with predominantly stress component were included. No cases of recurrent incontinence were accepted and no major surgery, including hysterectomy or anterior raphia was performed at the same time. Follow up was made by questionnaires at 6 months and the patients were seen after one, three and five years, where the same parameters as preoperatively was evaluated.

Results:

290 patients were included. 198 are so far followed for one year. 84 of them underwent laparotomy, 84 laparoscopy with mesh and staplers and 30 laparoscopy with suturing technique. Objectively continent, one year postoperatively, were 90% in the laparotomy group, 70% in the laparoscopy group with mesh and staplers and 89% in the group with laparoscopic sutures. Subjectively dry were 77% in the laparotomy group, 57% in the laparoscopic mesh and stapler group and 80% in the group with laparoscopic sutures.

Conclusions:

Our preliminary results suggest that laparoscopic Burch colposuspension using sutures is as effective as conventional laparotomy. The results performing laparoscopic colposuspension with mesh and staplers however seems to be less promising.

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