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Title: COMPARISON OF THE RESULTS OF SLING PROCEDURE USING AUTOLOGOUS DERMAL GRAFT PATCH AND CADAVERIC FASCIA LATA AS A SLING MATERIAL FOR STRESS URINARY INCONTINENCE

Aims of Study:

Traditional pubovaginal sling procedure has undergone some modifications, with alteration in both the technique and the choice of sling material. Typically, the sling used is autologous and is harvested from either the rectus fascia or fascia lata. These procedures need wide dissections or additional incision to take sling material. To minimize these problem we have used autologous dermal graft patch or cadaveric fascia lata as a sling material. Clinical outcomes were compared after the sling procedure using autologous dermal graft patch or cadaveric fascia lata in women with stress urinary incontinence.

Methods:

A total of 57 women with various types of stress urinary incontinence were treated with sling procedure using randomly autologous dermal graft patch in 33 or cadaveric fascia lata in 24. The sling was placed at the level of bladder neck and sutures are tied over the rectus fascia with no tension. Autologous dermal graft patch, 2.5 x 3.5 cm sized, was harvested from patient's lower abdominal skin and solvent-dehydrated cadaveric fascia lata was used.

Results:

Table 1. Comparison of the results of sling procedure in the autologous dermal graft patch and cadaveric fascia lata groups

	autologous dermal graft patch	cadaveric fascia lata
No. pts.	33	24
Mean age	48.2	51.5
Mean follow-up	14.4 months	16.2 months
Mean op time	46.4 min	40.2 min
Mean catheter drainage	3.4 days	4.8 days
No. voiding delay within 30 days(%)	0	1(4)
No. de novo detrusor instability(%)	4(12)	5(20)
Sucess rate(dry/improved)(%)	91.6(76.2/15.4)	93.2(80.0/13.2)

Conclusions:

The results of this study show that the sling procedures using autologous dermal graft patch or cadaveric fascia lata had similar effectiveness for treating female stress incontinence and success rates are comparable to that of traditional pubovaginal sling. In autologous dermal graft patch group the patients do not need additional cost for sling material. Longer follow-up is needed to document the extended duration of effect compared to pubovaginal sling with rectus fascia or others.