

## COMPARISON OF THE RESULTS OF ANTERIOR VAGINAL WALL SLING VERSUS PUBOVAGINAL SLING USING CADAVERIC FASCIA LATA FOR THE TREATMENT OF FEMALE PATIENTS WITH INTRINSIC SPHINCTERIC DEFICIENCY

### Aims of Study

Sling procedure has been performed mainly in stress urinary incontinence (SUI) patients with intrinsic sphincteric deficiency (ISD).<sup>1</sup> The purpose of this study is to compare the safety and efficacy of anterior vaginal wall sling<sup>2</sup> versus pubovaginal sling using cadaveric fascia lata<sup>3</sup> in treating women with ISD.

### Methods

For forty-three patients with ISD who underwent sling procedure, we retrospectively compared 21 women treated with anterior vaginal wall sling (Group A) to 22 women treated with pubovaginal sling using cadaveric fascia lata (Group B). Preoperative evaluations included cystourethrography, urodynamic study with valsalva leak point pressure and incontinence staging with SEAPI (stress-related leakage, emptying ability, anatomy, protection and inhibition) classification.<sup>4</sup> Operation time, complications, duration of suprapubic catheterization, hospital stay, postoperative presence of stress or urge incontinence and satisfaction scores were checked.

### Results

Within 14.2 months of mean follow-up periods, 17 patients (81.0%) were cured and 3 (14.3%) were improved in group A. In group B, mean follow-up of 13.5 months showed 18 patients (81.8%) with cure and 3 (13.6%) with improvement. De novo urgency was present in 2 patients (9.5%) in group A and 1 (4.5%) in group B. There was no statistically significant difference between 2 groups in terms of complications and postoperative subjective SEAPI scores.

Table 1. Characteristics of operative and postoperative course (mean+/-standard deviation)

	AVWS*	PVS**
Mean operative time (minutes)	102+/-25	99+/-35
Hospital stay (days)	7.6+/-4.5	6.8+/-5.2
Indwelling of suprapubic catheter (days)	14.7+/-19.3	14.4+/-17.0
Follow up period (months)	14.2+/-9.7	13.5+/-9.1

\* AVWS: anterior vaginal wall sling

\*\* PVS: pubovaginal sling with cadaveric fascia lata

Table 2. Comparison of treatment results of the two sling procedures

	No. of patients (%)	
	AVWS*	PVS**
Success	17 (81.0)	18 (81.8)
Improved	3 (14.3)	3 (13.6)
Fail	1 (4.8)	1 (4.5)
Total	21 (100)	22 (100)

\* AVWS: anterior vaginal wall sling

\*\* PVS: pubovaginal sling with cadaveric fascia lata

### Conclusions

We concluded that anterior vaginal wall sling and pubovaginal sling using cadaveric fascia lata are effective surgical treatments for SUI with ISD.

### References

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