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SELF ANCHORING BIORESORBABLE SLING (SABRE™) FOR FEMALE STRESS INCONTINENCE: NEW GENERATION OF SYNTHETIC SLINGS

Synopsis of Video

Objectives

A new synthetic sling made of copolymer of polylactic acid and polycaprolactone has been developed as a ready-to-use synthetic sling that has a self anchoring mechanism, meanwhile avoiding the disadvantages of permanent materials like erosion and infection. It has a tensile strength of 3000-5000 psi. In this video a simple technique to insert SABRE™ is presented.

Methods

A midline incision in the anterior vaginal wall is made. Dissection is carried out laterally without perforation of the endopelvic fascia. A 3-mm stab puncture is made on the skin one-inch lateral to the midline on each side of the suprapubic area. A passer is passed on each side retropubically to the vaginal area; guided by the index finger. Cystoscopy is carried out to rule out bladder or urethral injury.

The arm of SABRE™ is hooked to the passer and brought to the suprapubic area. The length of the sling is adjusted so as the sling will lie loosely under the bladder neck and posterior urethra. The arm of SABRE™ will anchor itself by the serrated borders to the endopelvic fascia and rectus fascia. The excess length is cut suprapubically and skin glue is applied to the puncture site. The vaginal wall is closed in a regular fashion.

Results

Patients tolerated the procedure very well with minimal or no pain with excellent initial results.

Conclusions

The surgery is fast with short operating time, thus decreasing morbidity. It can be performed as an outpatient procedure and can be combined with other reconstructive pelvic surgery. It has a short learning curve since many of the surgeons are familiar with the needle suspension technique. Long-term follow up is needed for this new biotechnology.