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Kobashi K¹, Govier F¹, Kuznetsov D¹, Kodama K¹

1. Virginia Mason Medical Center, USA

SPARC POLYPROPYLENE MID-URETHRAL SLING IN THE TREATMENT OF STRESS URINARY INCONTINENCE: EARLY RESULTS

Hypothesis / aims of study

To prospectively evaluate the mid-urethral polypropylene sling placed via an antegrade approach in patients with stress urinary incontinence (SUI).

Study design, materials and methods

263 women with SUI underwent a SPARC mid-urethral polypropylene pubovaginal sling placement with or without concomitant prolapse repair. Incontinence and QOL questionnaires were obtained at a minimum of six months postoperatively. Success was defined as being completely dry, leakage not more than once per week, or achieving a $\geq 70\%$ subjective improvement.

Results

242 patients are a minimum of six months from surgery and 165 (68.2%) responded to the questionnaires. 129 (53.3%) had mixed incontinence preoperatively, 126 (52%) underwent a concomitant pelvic prolapse repair at the time of SPARC placement, and 65 (26.8%) patients had failed previous anti-incontinence/prolapse surgery. Mean valsalva leak point pressure (VLPP) was 65cm-H₂O (range 15-175). Based on the definition described above 81% of patients were treated successfully. 81.8% and 80.7% would repeat and recommend this procedure, respectively. Of the 113 patients that underwent SPARC as a sole procedure, 2 (1.7%) required a blood transfusion, 1 (0.38%) underwent percutaneous drainage of a retropubic hematoma, and 1 (0.38%) sustained a bowel injury.

Concluding message

An antegrade polypropylene mid-urethral sling appears effective and the majority of patients are satisfied with their outcome. The ease and minimally invasive nature of this technique does not preclude the occurrence of significant complications, especially in patients with previous lower abdominal/pelvic surgery. Nevertheless, the results in this series are competitive with other available surgical options.