

SLING OPERATION FOR THE TREATMENT OF STRESS URINARY INCONTINENCE IN ELDERLY PATIENTS.

Hypothesis / aims of study

To evaluate the safety and efficacy of distal urethral polypropylene sling (DUPS) and Canal TOT for the treatment of stress urinary incontinence (SUI) in elderly patients.

Study design, materials and methods

16 women, aged 65-72 (mean 67.8) years, underwent a DUPS and Canal TOT procedure for genuine SUI between Jan. 2006 and Feb. 2007. Average follow-up period turned out to be 5 months (range 2-13 months). The outcomes of DUPS and Canal TOT were determined by disease-specific quality of life instruments IIQ-7 and UDS-6.

Results

The mean operative time was 58 minutes (range 20-110). Various procedures such as rectocele repair (n=2), rectocele and cystocele repair (n=5), laparoscopically-assisted vaginal hysterectomy (n=1) and total vaginal hysterectomy (n=1) were performed. Intraoperative complications or major postoperative complications were not reported. Accordingly to questionnaires conducted after the surgery, 81% of patients reported no symptoms of stress incontinence under any circumstances and all 16 women exhibited various degrees of satisfaction.

Interpretation of results

Aging results in modification of bladder structure and behaviour (1). In parallel, aging results in modifications of urethral sphincteric innervation with a gradual decrease of the maximum closure pressure (2). These various combined elements suggest that the sling operation could have a higher morbidity and a lower efficiency when used in elderly women. And it is generally known that aging is a predisposing factor of voiding dysfunction after TVT. But because of the additional adjustment of tension through two lateral incisions in DUPS and Canal TOT, voiding dysfunction could be minimized postoperatively. Our results are superior to other study. But it is possible that this study overestimated the effects of DUPS and Canal TOT in elderly women because of small study sample. Therefore additional studies are needed.

Concluding message

SUI in elderly women can be safely treated with DUPS and Canal TOT procedure. However, intraoperative bladder perforation and postoperative de novo urgency should be taken into account.

References

- (1) J Amer Med Assoc 1987;257:3076-81.
- (2) Maturitas 1992;15:101-11.

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CLINICAL TRIAL REGISTRATION: This clinical trial has not yet been registered in a public clinical trials registry.

HUMAN SUBJECTS: This study was approved by the Kangbuk Samsung Hospital's institutional review board and followed the Declaration of Helsinki. Informed consent was obtained from the patients.