

MITROFANOF DIVERSION AND PUBOVAGINAL SLING FOR TREATMENT OF FEMALES WITH NEUROGENIC BLADDER AND SPHINCTERIC DEFICIENCY

Hypothesis / aims of study

Young female patients in our community refrain from vaginal surgeries in order to maintain their virginity till marriage time. Female patients, particularly obese and paraplegics, requiring urethral SIC (self intermittent catheterization) have difficulty in learning such procedures. We present the results of combined use of transabdominal pubovaginal sling and continent Mitrofanof diversion in the management of selected female patients presenting with total incontinence and neurogenic bladders Study design,

materials and methods

Between May 2001 and May 2006 we treated 11 girls {(age range: 4 – 16 years and mean age: 8 years} presenting with total (sphincteric) incontinence with or without neurogenic bladder by the combined use of transabdominal pubovaginal sling and a Mitrofanof conduit. Eight girls were wheel chair bound. The appendix was connected to the native bladder (7 cases) or augmented bladder (4 cases).

Results

We lost follow up of one patient. After a mean follow up of 36 months (range: 12- 60 months) all available 10 patients were totally continent. Eight patients were voiding transurethrally. Five of these void with significant residual urine > 70 which requires SIC through the stoma. Three patients void without significant residual urine. Two patients had retention and are currently on SIC through the stoma ~ 4 - 5 times/day.

Interpretation of results

Excelent outcome (100% continence rate) have been acheived with our technique a continent stoma was essential in most (70%) of these patients.

Concluding message

Urethral SIC for females is generally difficult. A continent cutaneous diversion is the best option for female patients presenting with neurogenic bladder, particularly paraplegics. Management of the sphincteric incontinence is possible through repeated injections of bulking materials, artificial slings or sphincters, however we believe that abdominal slings are more durable and less expensive.

<i>Specify source of funding or grant</i>	none
<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	Yes
<i>Specify Name of Ethics Committee</i>	ethical comitee of urology department ain shams univeristy
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes