

LONGTIME RESULTS AFTER RECURRENCT INCONTINENCE PROCEDURE WITH THE REMEEEX- SYSTEM

Hypothesis/aims of study: As incontinence is a chronic disease a primarily adjustable system in cases of recurrent incontinence seems favourable. It should also allow to de- or increase the tension on the urethra or bladder neck area after some time without a new periurethral surgical approach. The aim of this study was the evaluation of the method and to answer the question of the efficacy after up to more than three years postoperatively and to evaluate the feasibility of re-adjustment after a longer period.

Background: In cases of recurrent incontinence an incontinence system which allows an easy adjustment to improve the continence situation is required. The Remeex- System is such an adjustable system [1,2]. Adjustments after eight years are reported. Remeex combines the option of a tension free tape positioning and if needed a bladder neck elevating function.

Materials and Methods: 40 patients with severe SUI who had undergone more than one previous incontinence surgery were included. Clinical investigations were performed 6, 12 and >24 months postoperatively or in case of disorders. This included continence anamnesis [questionnaire-guided], one-hour Pad Test, perineal ultrasound studies and measurement of residual urine volume. In case of micturition disorders a cystoscopy and urodynamic study flow-study was performed.

Results: 45% patients were totally cured at the 2 years follow up (one-hour Pad Test regarding the ICS criteria < 2g). 35% had an improvement. 6 patients did not report any improvement. The system was lost in 2 cases due to inflammation and removed a short time after the operation. In one patient an urethral erosion was detected. A severe obstruction with urine residual volumes of more than 300 ml was treated successfully by adjustment. Adjustments [one or more] were performed in 15 women.

Interpretation of results:

Adjustment of the Remeex- System by bladder neck elevating in case of re-recurrent incontinence or bladder neck lowering in case of obstructive micturition leads to cure or improvement of the bladder/urethra disorders.

Conclusion:

An easy and efficient adjustment to optimize the patient's continence situation was achieved in cases over more than one year after the implantation of the Remeex-System by a minimal- invasive procedure without any difficulties or complications. In the spectrum of surgical procedures for recurrent incontinence the System used seems to be a good choice.

References

1. Campos-Fernandes J, Timsit M, Paparel P et al. REMEEEX: A possible treatment option in selected cases of sphincter incompetence. *Prog Urol.* 2006 Apr;16(2):184-91
2. Iglesias X, España. M. Surgical treatment of urinary stress incontinence using a method for postoperative adjustment of sling tension (Remeex System). *Int Urogynecol J Pelvic Floor Dysfunct.* 2003 Nov;14(5):326-30; discussion 330. Epub 2003 Sep 6

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Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes