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MODIFIED "REMEEX" RE-ADJUSTABLE SLING PROCEDURE: 2 YEARS FOLLOW UP – OUTCOMES AND SAFETY PROFILES.

Hypothesis / aims of study

To investigate the outcomes and safety profiles of modified TRT (Tension Free Re-adjustable Tape, Remeex, Neomedic) for the treatment of primary and recurrent SUI.

Study design, materials and methods

Cohort study of 150 consecutive women with urodinamically confirmed SUI undergone TRT - Remeex procedure. Patients were with primary as well as recurrent stress urinary incontinence. Length of the follow up was between 2 to 24 months after the surgery. We used objective measures (cough test, UD) and patients' self-reported impression of improvement.

Results

TRT - Remeex procedure was modified with placement of the regulator under the abdominal fascia but over the rectus muscles instead of recommended by company supra-fascial placement. Prior to use of modified technique, 2 patients developed infectious abscess in the site of implanted regulator. In first patient 2 weeks after implantation and in second patient 2 months after implantation. One patient developed rejection of the regulator with aseptic abscess 18 months after implantation. In all patients the regulator was removed and sling sutures were tied without tension over the abdominal fascia. That allowed preserving continence in these patients. After modification and sub-fascial TRT – Remeex placement, there were no cases of infection or regulator rejection. 98% of patients with primary TRT – Remeex placement/adjustment were considered to be cured. They didn't have SUI symptoms and didn't demonstrate SUI signs. 2% of patients required delayed re-adjustment and were cured of SUI thereafter. There were no cases of urinary retention. There were no cases of any intra-operative complications.

Concluding message

Modified TRT – Remeex mid-urethral re-adjustable sling procedure is highly effective and safe in patients with SUI, including cases recurrent stress urinary incontinence. Modified sub-fascial TRT – Remeex placement allowed significant reduction of the device infection/rejection rate.

References

1. EXTERNALLY READJUSTABLE DEVICE TO REGULATE SLING TENSION IN STRESS URINARY INCONTINENCE: PRELIMINARY RESULTS
2. RESULTS 1 YEAR AFTER THE REEMEX SYSTEM WAS APPLIED FOR THE TREATMENT OF STRESS URINARY INCONTINENCE CAUSED BY INTRINSIC SPHINCTER DEFICIENCY

Specify source of funding or grant	**None**
Is this a clinical trial?	**No**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**No**
This study did not require eithics committee approval because	**observational in private practice**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**