

**MINIARC SINGLE-INCISION, MID-URETHRAL SLING: MEDIUM-TERM OUTCOMES**Hypothesis / aims of study

The MiniArc single-incision, midurethral sling provides a simpler, minimally-invasive treatment for stress urinary incontinence (SUI) due to urethral hypermobility (UHM).

Study design, materials and methods

Retrospective review of MiniArc slings performed by a single surgeon (SES). Patients seen routinely at 3–5 days, 2 weeks, 3, 6 and 12 months postoperatively. Follow up visits consisted of physical exam, direct visual stress test, PVR assessment, UA, UDS-6, IIQ-7, FSD and QOL questionnaires.

Results

Of 167 slings, 136 had at least 3 months, 79 had at least 6 months, and 6 had 12 months f/u data. Mean age 55 yrs (36–90). All MiniArcs were done as an outpatient procedure unless a concurrent procedure was performed. Median OR time was 10 minutes; median EBL <25cc. Median PVR was “negligible”. Obstructive voiding and elevated PVR necessitated one sling revision. At last f/u, 2 patient reported persistence of mild SUI, with mild leakage seen on direct visual stress test. Significant differences were seen on pre and post UDI-6 [total as well as sub-grouping for urgency (questions 1 and 2) and SUI (questions 3 and 4)], IIQ-7, and QOL questionnaires ( $p < 0.05$ ). No sling mesh extrusion/erosion, infection, sling related pain or dyspareunia was noted.

Interpretation of results

The MiniArc sling is an excellent option for the treatment of SUI due to UHM with comparable medium-term success to other midurethral slings. Patient observation continues in order to assess long-term (at least 1 year) durability.

Concluding message

The MiniArc single-incision, midurethral sling provides an excellent option for the treatment of female SUI due to UHM.

<b><i>Specify source of funding or grant</i></b>	<b>None</b>
<b><i>Is this a clinical trial?</i></b>	<b>No</b>
<b><i>What were the subjects in the study?</i></b>	<b>HUMAN</b>
<b><i>Was this study approved by an ethics committee?</i></b>	<b>No</b>
<b><i>This study did not require ethics committee approval because</i></b>	<b>Retrospective Chart review of Prospectively collected data in a clinical setting</b>
<b><i>Was the Declaration of Helsinki followed?</i></b>	<b>Yes</b>
<b><i>Was informed consent obtained from the patients?</i></b>	<b>Yes</b>