

TREATMENT OF STRESS URINARY INCONTINENCE (SUI) WITH T-SLING AND CORRECTION OF CYSTOCELE ASSOCIATED WITH SUI THROUGH UROMESH TENSION-FREE SLINGS WITH CENTRAL ABSORBABLE PORTION, BY TRANSOBTURATOR ACCESS (TO).

Hypothesis / aims of study

The aim of the study was to test the effectiveness and tolerance of tension-free sling with central absorbable portion in vaginal treatment of stress urinary incontinence with or without cystocele in a 3 years retrospective study

Study design, materials and methods

100 patients were treated by vaginal route of which:

- 35 patients treated for cystocele repair with interposition of Uromesh (Herniamesh - Italy) tension-free sling positioned underneath the proximal urethra. They had grade II-III anterior wall prolapse according to Baden Walker classification associated at stress urinary incontinence secondary to urethral hypermobility;
- 65 patients treated for stress urinary incontinence of type II with interposition of T-Sling (Herniamesh - Italy) tension-free sling positioned underneath the mid-urethra. They had low grade of cystocele associated (I-II grade) which were reduced by cystopexy.

All patients had a voiding diary, preoperative urodynamics studies, urinary questionnaire and preoperative POP-Q test. Mean follow up 19 months

Results

Cure was defined as grade 0 or I anterior wall prolapse according to Baden Walker classification and complete remission of stress urinary incontinence symptoms. Improvement was defined as daily number reduction of urinary losses.

In the patients treated by interposition of Uromesh, cure was reached in 30 (85,7%) of patient: POPQ Aa value had mean reduction of 2,12cm (p .000), Ab value had mean reduction of 2,7cm (p .000). Improvement of stress urinary incontinence was found in 3 patient (8,6%). Only 2 patients (5,7%) had increased of daily urinary loss. After interposition of Uromesh no incidence of cystocele recurrence has been showed in the short term follow up ranging from 3 to 36 months, mean 19 months

Urinary stress incontinence remission was reached in 55 patients (84,6%) treated by interposition of T-Sling. Improvement was found in 7 patients (10,8%). Only 2 patient (3%) developed "de novo urge incontinence", with an increased daily urinary loss. There were no major complications or bladder damage. Only 1 patient (1,5%) presented a monolateral para-labial abscess, which was completely cured after 2 weeks of antibiotic therapy.

Interpretation of results

In these series vaginal implantation of Uromesh tension-free sling as well T-Sling were associated at significant improvement of stress urinary incontinence. Uromesh tension free sling is also associated at significant correction of cystocele prolapse. These approaches showed no perioperative complications, short hospital stay and no significant morbidity in short term. Central PDO absorbable portion avoids de novo bladder instability, obstruction and mesh erosion while its lateral nonabsorbable portion in Polypropylene prevents urethral instability recurrence

Concluding message

TO T-sling (Herniamesh) is an effective and well tolerated procedure for the treatment of type II urinary stress incontinence and prevents urethral erosion and urethral instability recurrence.

As well TO Uromesh (Herniamesh) is an effective and well tolerated procedure for the treatment of cystocele associated with SUI

<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>	NONE