

SINGLE INCISION SLING UNDER LOCAL ANAESTHESIA FOR FEMALE STRESS URINARY INCONTINENCE

Introduction

Stress urinary incontinence (SUI) is a common condition affecting women of all ages. Several treatment options exist including pelvic floor physiotherapy and surgical procedures such as retropubic and midurethral slings. Nowadays, the TVT has been proven as efficacious as Burch colposuspension and is considered as gold-standard treatment for SUI. However, in an attempt to bypass the retrobubic space and avoid complications such as bladder, bowel and vascular injuries, trans-obturator tapes have been introduced the last decade in order to decrease the complication rate. Lately, a new generation of midurethral tapes, mini slings, was introduced with the objective to reduce morbidity associated with the trans-obturator route and the potential for use under local anaesthesia.

Design

Here, we present our local anaesthesia mini sling technique using Altis system on an outpatient basis. Up to 100 mini slings have been implanted in our centre. The anaesthesia regime includes sedation with 1 mg of sublingual Lorazepam, 1 mg of intravenous Midazolam, 50 µg of intravenous Fentanyl and local anaesthesia with 30 mL of Xylocaine 1% with epinephrine. Post-operative needs of oral analgesia, pain score and anaesthesia preferences were recorded. At one year follow-up, improvement of SUI symptoms and overall satisfaction were studied.

Results

All patients received 1 mg of sublingual Lorazepam and local anaesthesia with 30 mL of Xylocaine 1% with epinephrine. Ninety-seven percent of patients required 1 mg or less of intravenous Midazolam and 76% received 50 µg of intravenous Fentanyl. Seventy-three percent needed 5 tablets or less of Morphine 5 mg in the post-operative period. An evaluation of the pain through a visual analogue scale from 0 to 100 was asked to the patients immediately after the procedure and one week later. The mean scores were respectively 15/100 and 25/100. More than 90% of our patients would recommend this type of anaesthesia and repeat the procedure again. At one year follow-up, mean satisfaction rate and improvement in SUI symptoms are above 75% for all patients. No patient has reported chronic pain.

Conclusion

The adjustability of Altis system is easy to perform and allows an appropriate desired result. Mini slings short-term outcomes appear promising. Procedures can be done under local anaesthesia and satisfaction regarding SUI symptoms and pain is great.

Specify source of funding or grant	None
Is this a clinical trial?	Yes
Is this study registered in a public clinical trials registry?	No
Is this a Randomised Controlled Trial (RCT)?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	Yes
Specify Name of Ethics Committee	Le comité d'éthique de la recherche en santé chez l'humain du CHUS et de l'Université de Sherbrooke (Human Health Research Ethics Committee of Sherbrooke University Hospital Centre and Sherbrooke University)
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes