THE EFFECT OF MIDURETHRAL SLING SURGERY IN ELDERLY PATIENTS OVER 75 YEARS OLD WITH FEMALE STRESS URINARY INCONTINENCE

Hypothesis / aims of study

Although there have been some controversies, aging seems to be one of risk factors of failure in midurethral sling (MUS) surgery for female stress urinary incontinence (SUI). However, there were poor reports with regard to the effects of MUS surgery in elderly female patients. The aim of this study was to evaluate the effects of sling surgery in elderly female patients over 75 years old.

Study design, materials and methods

872 patients with SUI underwent MUS surgery from 2002 to 2008. Among these patients, 29 patients were over 75 years old, but 6 patients were lost to follow up. Medical records and detailed telephone interview of 23 patients were reviewed retrospectively to clarify whether MUS was effective in this age group. The primary endpoint was subjective symptom improvement, and secondary endpoint was their satisfaction.

Results

Median age of patients were 78.3±1.6 ranging from 75 to 84, follow up periods were 11.4±3.5 (range: 6-27) months and parity was 4.6±1.7 (range: 3-7). No. of mixed incontinence was 7 and ISD (VLPP < 60 cmH₂O) was 11 (47.8%). Types of sling materials were TVT in 4 and TOT in 19. The objective success rate was 69.6% (16 patients: cured in 12 and improved in 4), and satisfaction rate was 60.9% (14 patients). De novo urgency was noted in 2 patients. Among 7 patients (30.4%) of failed MUS surgery, 5 were ISD and 2 were managed by additional adjustable sling (Remeex system).

Interpretation of results

Success and satisfaction rate of MUS surgery in elderly patients over 75 years old were relatively low(69.6% and 60.9% respectively) compared to younger patients that was reported in articles.

Concluding message

Although failure rate of MUS surgery in patients over 75 was 30.4%, MUS surgery is still being used as a primary choice because this is a minimally invasive surgery. As the population of elderly women is now increasing, MUS surgery for these patients group should be reassessed as an initial choice. It looked like that ISD was a risk factor of failure in elderly.