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REMEEX SYSTEM LIFETIME ADJUSTABLE SLING

Introduction

The stress urinary incontinence is a sign or a symptom caused by the weaknesses of the pelvic floor. The objective of the surgical interventions to correct the stress urinary incontinence is to recover the original support of the pelvic floor. The principal argument to use the REEMEX TRT device (Neomedic Inc.), suburethral adjustable sling, is the possibility to adapt clinically the level of support of the sling to every patient's needs, not only after the surgery, but also in mid and/or long term if required offering the possibility to recover the continence without performing another intervention.

Design

44 patients were reviewed retrospectively who had been operated with the REMEEX adjustable prosthesis in the Gynecology service of our hospital between January 2005 and December 2010. The REMEEX system was only indicated in complicated cases: with intrinsic sphincter deficiency (ISD), failures of previous incontinence surgeries, fixed urethras, or severe mixed incontinence (with both severe components and urge incontinence). All of the patients were analyzed preoperatively through clinical history, physic exam, cough test and urodynamic. For every follow up the patients were evaluated through physical exam and clinical evaluation; cough test was done only to those patients with persistent urinary incontinence, even if it was minimal. The next variables were collected: patient's age, IMC, obstetrics (number or vaginal births, macrosomic labors), previous incontinence surgery, indication of the REMEEX surgery, need for an adjustment in short term (24-48h after surgery) or in long term (6-8 months after surgery), complications of the surgery, follow up period and cure rate.

Results

The mean age was 57.80 years (DS 10,44), the mean IMC was 36.78 kg/m2 (DS 5,53). The obstetrics record showed that all the patients had had a previous vaginal birth, and mean of 2 to 3 births. In 7 cases (15.9%) had had a macrosomic birth. In 21 patients (47.73%) a REMEEX surgery was indicated due to failure of previous incontinence surgery: 15 patients had surgery with a transobturator tension free sling and 6 patients had a Burch (7 out of the 21 (15.9%) presented a ISD). In 13 patients (29.4%) it was indicated due to complex mixed urinary incontinence (3 of them presented a DIE). In 10 patients (22.7%) it was indicated due to isolated ISD. The capability to adjust of the prosthesis was needed in 22 cases (50%) as a second phase of the surgery during the first 24-48 hours before letting the patient go home. 7 patients (15.9%) were re-adjusted in mid-long term (between 6 and 8 months after the surgery). The re-adjustment in mid-long term is done when persistency of the stress urinary incontinence. Under local anesthesia a suprapubic incisión was done, the implant was localized inside its capsule of fibrotic tissue, we open it and the manipulator was attached.

Conclusion

The REEMEX system is a minimally invasive surgery with proven long term results(3) , even in patients who are not homogeneous, in which are include patients with ISD, recurrent cases and patients with complex mix urinary incontinence. The principal advantages of the REMEEX system it is worth pointing that this is a technique that avoids the residual stress incontinence as well as the obstruction and it can be adjusted in case of recurrence (with local anesthesia), meaning that it gives an objective resolution of the stress urinary incontinence close to 100% with a very low frequent to instability of de novo incontinence. As an inconvenience we have to notice the higher cost of the prosthesis and that it requires more time compare specially to the regular tension free slings, but the results justifies its used in complex cases. The possible contamination of the prosthesis and the secondary reaction to the body is evitable with an adequate asepsis and the usage of the antibiotic therapy.

Specify source of funding or grant	**Non disclosure**
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 ethics committee approval because	**The hospital has been performing this technique since 2006 with excelent results.**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**