

## THE EFFICACY AND SAFETY OF THE REMEEEX SYSTEM IN FEMALE STRESS URINARY INCONTINENCE PATIENTS WITH A VLPP LESS THAN 60CMH2O

### Hypothesis / aims of study

After performing surgery with the REMEEEX system for treating female stress urinary incontinence, the tape tension can be adjusted manually(1). We evaluated the efficacy and safety of the REMEEEX procedure for SUI patients with a Valsalva leak point pressure (VLPP) less than 60cmH2O.

### Study design, materials and methods

From July 2008 to May 2010, we retrospectively enrolled 28 female mixed urinary incontinence patients who underwent surgery using the REMEEEX system. A preoperative medical history, a physical examination and uroflowmetry and urodynamic study were performed and the International Prostate Symptom score (IPSS), the King's health questionnaire (KHQ) and the postvoiding residual (PVR) volume were assessed. Until the patients achieved comfortable uroflow and did not have urinary incontinence, we readjusted the REMEEEX screw to a suitable setting for 2 days after surgery. Six months later, the success rate and satisfaction were assessed including IPSS, uroflowmetry and KHQ questionnaires.

### Results

The preoperative VLPP was 49.2±11.7cmH2O urodynamic study. There were 22 patients (78.6%) who were cured. There were 16 patients (57.1%) who were very satisfied and 9 patients (32.2%) were satisfied. The dissatisfied patients were 2 patients with bladder dysfunction and 1 patient with mixed urinary incontinence. The postoperative complications included 2 patient with abdominal wound dehiscence (7.1%), 1 patient with a foreign body sensation (3.6%) and 1 patient with vaginal erosion (3.6%). There was no change in peak flow rate postoperatively.

### Interpretation of results

The REMEEEX system is useful in urinary incontinence patients with a VLPP of 60cmH2O because it can adjust the tape tension after surgery.

### Concluding message

The REMEEEX system is useful, but patients with bladder dysfunction had no effect. So sufficient explanation before procedure to these patients may be is need.

Table 1. Comparison the preoperative and postoperative results after REMEEEX surgery

	<b>preoperative</b>	<b>postoperative</b>	<b>p-value</b>
Qmax (ml/s)	22.5±12.2	19.9±11.3	0.457
Voided volume (ml)	264.6±104.5	245.2±112.7	0.601
PVR(ml)	12.2±10.6	22.1±15.9	0.173
IPSS total	16.6±8.1	9.7±9.5	0.010
frequency	3.4±1.4	1.6±1.2	0.023
urgency	3.0±2.0	1.4±1.9	0.058
KHQ domain			
Role limitation	3.9±2.4	1.4±0.7	0.020
Physical/social limitation	8.0±4.4	2.0±1.0	0.014
Incontinence severity measure	9.7±4.6	3.0±1.4	0.005

### References

1. Int Urogynecol J Pelvic Floor Dysfunct. 2008 Jun;19(6):783-6.

<b>Specify source of funding or grant</b>	<b>no</b>
<b>Is this a clinical trial?</b>	<b>Yes</b>
<b>Is this study registered in a public clinical trials registry?</b>	<b>No</b>
<b>Is this a Randomised Controlled Trial (RCT)?</b>	<b>No</b>
<b>What were the subjects in the study?</b>	<b>HUMAN</b>
<b>Was this study approved by an ethics committee?</b>	<b>Yes</b>
<b>Specify Name of Ethics Committee</b>	<b>institutional review board of Eulji medical center</b>
<b>Was the Declaration of Helsinki followed?</b>	<b>Yes</b>
<b>Was informed consent obtained from the patients?</b>	<b>No</b>