

No Sling Is Too Loose: Lessons Learnt From Complications

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Conclusion

- The results from our cohort undergoing AFS show the vast majority of patients were cured of SUI.
- The majority of patients with MUI experienced improvement in urge symptoms, however de novo urgency was seen in a minority of patients
- Patients with a significant element of concomitant urge urinary incontinence should be carefully selected and counselled on the risk of persistent or worsening storage symptoms.

Introduction

- The use of autologous fascial slings (AFS) in the management of stress urinary incontinence (SUI) has seen a continued revival, in the context of ongoing concerns regarding synthetic midurethral slings (MUS).
- At our centre, AFS surgery was re-introduced as a treatment option for SUI in 2019. We aimed to perform an outcomes analysis of the success and complication rate of our initial 5-year cohort.

Methods

A retrospective review of all patients undergoing AFS was performed from 2019-2024 at a single UK centre.

Data was collected from electronic patient records: demographic information, co-morbidities, previous treatment for SUI, operative technique, complications, revision rate, length of hospital stay, and symptoms at 3-month follow-up.

Results

- 21 patients underwent AFS from 2019-2024
- Mean age of 53 years ± 8 years.
- Pre-operative investigations
- All patients were discussed at incontinence MDT and underwent urodynamic studies

Indications for AFS:

Primary SUI	11
Mixed predominant stress	7
Mixed predominant urge	2
Mixed incontinence	1

Pre-operative interventions

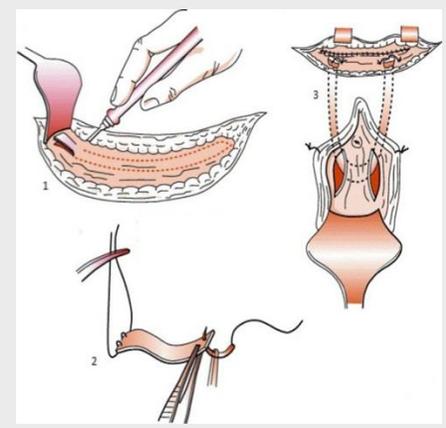
- All patients were offered supervised pelvic physiotherapy, of which 18 patients accepted (85%)
- 8 patients previously underwent urethral bulking procedures (38%)

Average hospital stay was 2 days (+/-2)

Follow up:

- Average follow-up was 44 months
- 20 patients (95%) reported complete resolution of SUI
 - 1 patient reported persistent incontinence and is awaiting further assessment with urodynamics.
- Urinary urgency improved in 80% of cases with a pre-operative diagnosis of MUI, and the rate of de novo urgency was 9%.
- 4 patients experienced post-operative urinary retention
 - Of which, 3 (14%) proceeded to revision surgery to mobilise the sling, and one patient who required temporary intermittent catheterisation.
- 1 patient who experienced post-operative neuropathic pain secondary to obturator nerve oedema was managed conservatively.

A “sling on string” technique was adopted using rectus fascia - except 1 patient, who underwent fascia lata harvesting due to previous abdominoplasty.



A technique of simultaneous flexible cystoscopy during sling insertion was incorporated during the study period to reduce risk of bladder perforation.

Complication	Lesson learnt
14% of patients initially failed to void and required repeat surgery to release the sling	Particular care should be taken to ensure a tension free sling Close follow up of patients who fail to void initially is crucial to ensure timely revision surgery is performed when indicated
Bladder perforation was encountered in 14% patients – all managed conservatively	Simultaneous flexible cystoscopy during passage of trocar is useful in mitigating this risk