

MODIFIED “REMEEX” RE-ADJUSTABLE SLING PROCEDURE: 2 YEARS FOLLOW UP – OUTCOMES AND SAFETY PROFILES.

Hypothesis / aims of study

Besides recent achievements in the treatment of stress incontinence (SUI) with mid-urethral sling procedures, 15 – 25% of patients remain incontinent but "dry rate" might be as low as 35-45% only [1]. Also up to 19% may develop voiding dysfunctions [2]. The effectiveness of surgeries decreases if they are performed in the recurrent cases [3]. Unfortunately, most of slings don't allow readjustment of its position/tension after the initial placement. In contrary, modified “Remeex” re-adjustable sling procedure not only allow for immediate adjustment of the position/tension of the sling in closest to physiological conditions but also allow for delayed re-adjustment in case of failure [4]. Aim of the study was to investigate the outcomes and safety profiles of modified TRT (Tension Free Re-adjustable Tape, Remeex, Neomedic International, Inc) for the treatment of primary and recurrent SUI.

Study design, materials and methods

150 consecutive women with urodynamically confirmed SUI undergone TRT - Remeex procedure. Patients were with primary as well as recurrent stress urinary incontinence. Length of the follow up was between 2 to 24 months after the surgery. We used objective measures (cough test, UD) and patients' self-reported impression of improvement.

Results

TRT - Remeex procedure was modified with placement of the regulator under the abdominal fascia but over the rectus muscles instead of recommended by company supra-fascial placement. Prior to use of modified technique, 2 patients developed infectious abscess in the site of implanted regulator. In first patient 2 weeks after implantation and in second patient 2 months after implantation. One patient developed rejection of the regulator with aseptic abscess 18 months after implantation. In all patients the regulator was removed and sling sutures were tied without tension over the abdominal fascia. That allowed preserving continence in these patients. After modification and sub-fascial TRT – Remeex placement, there were no cases of infection or regulator rejection. 98% of patients with primary TRT – Remeex placement/adjustment were considered to be cured. They didn't have SUI symptoms and didn't demonstrate SUI signs. 2% of patients required delayed re-adjustment and were cured of SUI thereafter. There were no cases of urinary retention. There were no cases of any intra-operative complications.

Concluding message

Modified TRT – Remeex mid-urethral re-adjustable sling procedure is highly effective and safe in patients with SUI, including cases recurrent stress urinary incontinence. Modified sub-fascial TRT – Remeex placement allowed significant reduction of the device infection/rejection rate.

References

1. Kathleen C. Kobashi and Fred Govier; The Completely Dry Rate: A Critical Re-Evaluation of the Outcomes of Slings: Neurourology and Urodynamics 24:602-605 (2005)
2. Schrafford Koops SE, Bisseling TM, Heintz APM, et al.; Prospective analysis of complications of tension-free vaginal tape from the Netherlands tension-free vaginal tape study. Am J Obstet Gynecol 2005;193: 45-52.
3. Colin A. Walsh; Recurrent stress urinary incontinence after synthetic mid-urethral sling procedures: Current Opinion in Obstetrics and Gynecology 2011, 23:355–361

Disclosures

Funding: None **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** Prospective observational study on world wide acceted procedure **Helsinki:** Yes **Informed Consent:** Yes