THE PRELIMINARY SHORT-TERM RESULT OF SINGLE INCISION SLING FOR FEMALE STRESS URINARY INCONTINENCE

Hypothesis / aims of study
The aim of this study was to evaluate the safety and efficacy of Single Incision sling (Mini-Arc) in women with urinary stress incontinence.

Study design, materials and methods
Prospective study of 59 patients with urinary stress incontinence including pure stress incontinence, mixed incontinence and occult stress incontinence in pelvic organ prolapsed women. One patient was excluded from this study due to bladder perforation during Mini-Arc procedure and postponed operation. Finally, 58 patients were enrolled into this study. Pre-op and post-op assessments included urinalysis, cough stress test, 1-hour pad test, traditional urodynamic examination and questionnaires of UDI-6, IID-7. Pain score was assessed using visual analogue scale. All patient were checked at post-op 3 months and 6-months intervention.

Results
All 58 patients, 22/58 (37.9%) received Mini-Arc alone, 26/58 (44.8%) received Mini-Arc associated with transvaginal mesh to correct of pelvic organ prolapse concomitantly and 10/58 (17.2%) combined with anterior-posterior vaginal repair. Success of stress incontinence was defined as 1-hour pad test < 1 gm, negative cough stress test and no urine leakage during urodynamic examination, improved of stress incontinence was defined as 1-hour pad test > 1 gm and < 5.0 gm. During at least 6 months follow-up intervention, the objective success rate was 53/58 (91.3%) and improved rate was 2/58 (3.4%), post-op urgency was 8/58 (13.7%) including 4 pre-op urgency patients and 4 post-op de novo urgency patients.

Interpretation of results
In this short-term study showed Single Incision Sling (Mini-Arc) was a safe and efficacy procedure for stress urinary incontinence, mixed incontinence and also can combine with transvaginal mesh and anterior-posterior vaginal repair. No major and no hematoma were reported in this study. No post-op urine retention needed to release the sling. One patient suffered from bladder perforation during Mini-Arc procedure and postponed operation was exclude from this study. More than 90% patients satisfied the post-op results.

Concluding message
Single Incision Sling (Mini-Arc) was a safe and efficacy sling procedure. A long-term follow-up for more patients should be needed before Single Incision Sling for stress urinary incontinence being an accepted option.

Disclosures
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