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MEASURING OUTCOMES OF SALVAGE PROCEDURES AFTER FAILED PRIOR SUI SURGERY: DO WE HAVE AN IDEAL METHOD?

Hypothesis / aims of study
Anti-incontinence surgery (AIS) may fail for a variety of reasons. Intervention to resolve complications can result in a technically successful surgery but may result in expected de novo genitourinary problems and unsatisfactory outcomes to the patients. Thus, measuring outcomes of such salvage procedures (SP) is not standardized. We retrospectively reviewed pts who had undergone SP and compared their symptoms (sx) pre- and post-intervention as well as the success rate of surgical goals compared to symptomatic goals.

Study design, materials and methods
Following IRB approval, patients undergoing SP following failed AIS were identified. Salvage procedures included either transvaginal sling incision (TVSI) or removal, with or without formal urethrolysis (UL), with or without concomitant autologous rectus fascial sling (AFS). Outcome was assessed by patients' symptomatology reported prior to, and following SP and by using the Blaivas-Groutz (B-G) score. Success was defined as cure, good or fair based on the B-G score. Satisfactory urinary sx assessment was defined as improved symptoms postoperatively based on patients report.

Results
A total of 108 pts were identified with mean age of 58 years old, mean follow-up of 16 months (mo) (range 2mo - 72 mo) and mean duration from AIS of 39 mo. Procedures included: 32 TVSI, 14 UL, and 62 TVSI/UL with AFS. Primary indications for surgical intervention included: recurrent stress urinary incontinence (SUI) (n=29), bladder outlet obstruction (BOO) (n=47), sling erosion/exposure (n=14), pelvic pain (PP) (n=4), or other symptoms (n=14) Pre- and postoperative symptoms were reported respectively as follow; SUI (64% vs.16%, p= <0.0002), urgency (71% vs. 45%, p=0.0002), PP (32% vs. 6%, p= <0.0001), infection (34% vs. 17%, p=0.004), extrusion/erosion (15% vs 1%, p=0.0001), frequency (68% vs.36%, p=<0.0001), incomplete emptying (59 % vs. 29%, p=<0.0001) and good urinary stream (35% vs 69%, p=<0.0001). The B-G score was reported to be successful in only 67% of patients. Success rate defined by surgical goals was 79 %, partial success in 7% and failed in 14%. Satisfactory urinary sx improvement was seen in only 52.4% (p=<0.0001

Interpretation of results
Patients who present for SP after failed AIS have an array of complicated problems. SP can often treat the patient's presenting complication and symptoms. Salvage procedures can be deemed a technical surgical success when resolving the presenting complication, however results are not often satisfactory from the perspective of the patient.

Concluding message
It should made clear to the patients preoperatively that SP may help with the primary complication resulting from the previous surgery but that surgical intervention may lead to less than optimal subjective outcomes. Proper detailed patients counseling is very important in dealing with these complicated situations

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