

MINIARC SINGLE-INCISION SLING IN THE OFFICE SETTING.

Introduction

Female stress urinary incontinence (SUI) is estimated to affect as many as 35% of women worldwide; yet according to Medicare data, only about 10% of women with a diagnosis of urinary incontinence are treated annually. Since the introduction of tension-free vaginal tape in 1996, treatment of female SUI has become a minimally invasive operation. The surgical procedure has expanded to include the transobturator approach and the original retro-pubic technique. The latest generation of slings includes the single-incision or mini-slings. These slings require fewer incisions, less dissection, less mesh material, and anesthetizing of a smaller area for placement. These factors make single-incision slings ideal for use in a true outpatient location such as a physician's office.

The Pelvic Floor Unit in Palamós Hospital has realized after a year of correcting Stress urinary incontinence by inserting the Mid-urethral Sling Tension-free tape with regional anaesthesia in the theatre, the good tolerance of the procedure and few complications. Then it was decided to make this intervention in office under local anaesthesia and oral sedation. Since October 2011 we have been doing this technique with excellent patient tolerance, being safe, well accepted and equally effective.

Design

In a prospective study, 3 physicians implanted a single-incision sling in 36 women in an in-office setting with the patients under oral sedation. The study inclusion criteria were patients with Stress Incontinence without associated medical conditions that contraindicated the use of local anaesthetics or outpatient circuit in the appointment. The procedure was explained, informed consent signed and the women were advised to take, 10mg of Diazepam, Ibuprofen 600mg and 1g of amoxicillin-clavulanic as prophylactic antibiotic an hour before going to Hospital. A preoperative blood test (blood count and basic coagulation) was requested. For local anaesthesia, 20 mL 2% mepivacaine and 0.5% bupivacaine was used. Patient blood pressure and oxygen levels were monitored during the procedure. All procedures were performed in the office setting.

Results

The average time of operation was 10 minutes. There were no complications during surgery. There was no injury to bladder and urinary tract. The procedure was well tolerated with only local anesthesia. Because of good patient tolerance, no other anesthesia was used. The degree of pain is 2 on the VAS scale. In the immediate post surgery there were no complications. The results are the same as when inserting the Mid-urethral sling in theaters. The level of satisfaction is high. Doing surgery in the office has significantly reduced hospital Costs (approximated 300 € or 10% total cost saving).

Conclusion

The in-office experiences suggest that implantation of a single-incision sling for treatment of stress urinary incontinence with the patient under oral sedation and local anaesthesia can be performed safely, with effective results. Thus, performing this procedure in an office setting is a viable option.

Disclosures

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