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# AN ADJUSTABLE SLING IN THE TREATMENT OF WOMEN WITH STRESS URINARY INCONTINENCE

Introduction

Stress urinary incontinence (SUI) is a widespread disease and can be diagnosted in 30% women who older than 40 years old. TVT and TOT are the main methods of treatment such kind of patients. There are a lot of prospective studies show that after 10 years of using TVT and TVT-O have positive results in 72-80 % patients. Nevertheless 25-30 % patients have recurrence of SUI, development of obstrucrive voiding and detrusor overactivity due to incorrect positioning of synthetic sling. A.M.I. sling is an adjustable suburethral sling system which consist macroporous monofilament mesh with polypropylene sutures that go through the sling and located in the middle and at the both ends of the tape. After performing an operation we can use the sutures for correction sling position during the first 5 days.

Design

We performed an implantation of AMI sling in 53 women with SUI using the standard TOT technique. The mean duration of operations was 34,3±16,4 miutes (28 – 55 min). The mean volume of blood loss was 52,4±15,8 ml (0-150 ml)

Results

All patients were examined in 3-5 days after the operation. 72% women noticed fully absence of SUI. An improvement of SUI symptoms was noticed by 11,3% women. 13,2 % patients had no improvement of SUI symptoms. 13,1% women had obstructive voiding. The maximal flow rate in that category of patients were from 4,3 to 12,6 ml/sec. Four patients had postvoid residual volume: 120, 160, 190 and 220 ml. The correction of the sling position was performed in 19% patients. All 53 patients' urodynamic parameters were evaluated prospectively. The study period was from 6 to 36 months. During this period the recurrence of SUI had 8% patients; 4,3% women had urgency and frequency without episodes of urgent incontinence. In such cases we uses anticholinergic drugs.

Conclusion

The adjustable sling provides an effective possibility of regulation the position synthetic tape in early postoperational period. Owing to this device we can avoid performing repeated operations for treatment recurrent SUI or obstructive voiding symptoms.

Disclosures

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