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SURGICAL TREATMENT OF URGENCY AND MIXED URINARY INCONTINENCE BY CESA AND VASA

Hypothesis / aims of study

According to the Integral Theory of PETROS the repair of the uterosacral ligaments (USL) in the posterior compartment and the repair of the pubourethral ligament in the anterior compartment should be able to cure all kinds of female urinary incontinence (UI).

The aims of our studies were to develop a standardized surgical procedure to replace the female USL in the corresponding peritoneal fold of women suffering from urgency urinary incontinence (UUI) and mixed UUI. By further placement of a TOT we wanted to find out if UUI could be cured.

Study design, materials and methods

Since 2001 we developed the procedure with changing lengths and materials of the alloplastic tapes which were used to replace the USL.

The operations were called cesa in women with a uterus and vasa in hysterectomized patients. After cesa or vasa patients should get a TOT when clinically needed.

All patients were suffering from UUI some associated with stress incontinence (mixed UUI). They all failed conservative therapy. The experimental character of the study was explained to all patients and they gave informed consent. Studies were approved by the ethical committee. In 2003 we had a moratorium to observe any unexpected side effects.

Outcome of cesa and vasa was evaluated at time of dismissal from the clinic as well as 2, 4, 8 and 16 weeks thereafter. Telephone interviews were repeated every year until 5 years after surgery.

Cure was defined as total disappearance of all signs of UUI.

Results

413 patients were operated in different studies. 212 patients got a cesa 201 a vasa. Thereafter 151 patients (36%) were cured. 238 patients received a TOT while 24 patients did not get any further treatment. 147 patients (61%) were cured after TOT while 91 remained incontinent. The overall response rate of the 389 patients receiving complete surgical treatment was 77%. Analyses of the different studies showed that the TOT could not be placed tension-free but must be tightened according to the length of the implanted USL. Furthermore the recurrence rate within one year was 44% in the first studies. These were caused by different materials and surgical techniques. In the last studies the recurrence rate dropped to 6%.

Interpretation of results

With the cesa or vasa operation 36% of women with urgency urinary incontinence could be cured. In combination with a TOT the overall cure rate was 77%. The recurrence rate was 6% one year after surgery.

Statistical analysis of all pertinent clinical data or symptoms could not delineate which patients could be cured and which could not be cured.

We assume that further improvement can be obtained with a standardized placement of the suburethral tapes.

Concluding message

Urgency urinary incontinence can be cured surgically.

Disclosures

Funding: NONE **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** Ethik Kommission der Städtischen Kliniken Dortmund **Helsinki:** Yes **Informed Consent:** Yes