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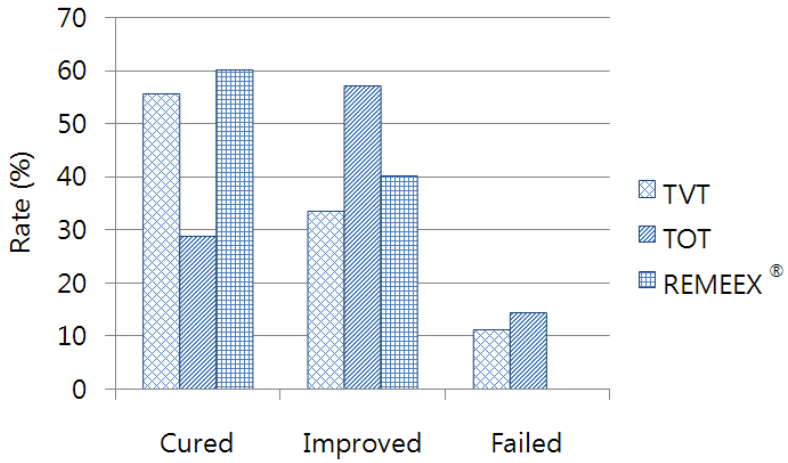
SAFETY AND EFFICACY OF REPEAT MIDURETHRAL SLING PROCEDURE IN WOMEN WITH RECURRENT STRESS URINARY INCONTINENCE

Hypothesis / aims of study
No standard treatment has yet been established for the patients with an initially failed midurethral sling procedure. We reported and compared the outcomes of repeat midurethral sling with primary midurethral sling in women with stress urinary incontinence.

Study design, materials and methods
We enrolled 21 patients (mean age: 52.1 years, range: 35-65) who failed with their initial midurethal sling procedure and then had a second operation. The preoperative characteristics and the intraoperative and postoperative data were assessed by reviewing the operative notes, medical records and office notes. Repeated midurethral sling was done by either the retropubic or transobturator pathway. Repeat sling was placed without removal of the previous sling. The surgical results were classified into 3 categories; cured, improved and failed.

Results
The mean interval from first surgery to recurrence was 8.5 months (range: 1-24). The mean follow up time after the second operation was 21.0 months (range: 3-61). The patients were classified according to their symptom grades; grade I (n=2, 9.5%), grade II (n=14, 66.7%) and grade III (n=5, 23.8%). Tension-free vaginal tape (TVT) was used in 9 (42.9%), transobturator tape (TOT) in 7 (33.3%) and REMEEX® in 5 (23.8%) as the repeated midurethral sling procedure. Ten (47.6%) who underwent repeat midurethral sling were cured, 9 (42.8%) improved and 2 (9.5%) failed.

Figure 1. Comparison of the postoperative success rate according to type of repeat surgery



Interpretation of results
Based on our limited experience, a repeat midurethral sling procedure provides high cure and satisfaction rates.

Concluding message
Our results demonstrate that a repeat midurethral sling procedure might be an effective treatment for the patients with failed midurethral sling..

Disclosures
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