

EFFICACY OF THE FREE AUTOLOGOUS FASCIA RECTUS PUBO-VAGINAL SLING FOR THE CORRECTION OF FEMALE STRESS URINARY INCONTINENCE.

Hypothesis / aims of study:

The aim of this study was to evaluate the efficacy of the free autologous fascia rectus pubo-vaginal sling (PVS) in treating female stress urinary incontinence (1). Post-operative surgical complications and re-operations were also recorded. Furthermore, correlations between preoperative parameters and outcome were evaluated.

Study design, materials and methods:

We retrospectively reviewed operative logs from a single surgeon (EM) of 264 patients treated over a 3-yr period for stress urinary incontinence by implantation of a PVS. Efficacy was evaluated objectively in terms of the number of pads used per day, while subjective patient satisfaction was also recorded. Preoperative incontinence severity was quantified by the number of pads used per day and stratified as mild (0 to 1 pads per day), moderate (2-4 pads) and severe (5 or more pads). Possible correlations between preoperative parameters and outcome were investigated using univariate analysis.

Results:

The mean age of the patients was 53 yrs (17-82) and mean follow-up time was 27.8 months (range 12–78). In total, 137/264 patients (51.9%) had earlier undergone surgery but without successful outcome. Collagen injection was the most common former intervention (69/137, 50.4%), while 41 patients (29.9%) had had a synthetic mid-urethra sling. During PVS placement 41 patients had concomitant prolapse repair. A total of 224 patients were successfully treated and satisfied with the outcome of the operation (84.7%). 200 patients (75.6%) were totally dry while 24 patients (9.1%) had markedly improved but still required one pad per day (table). The complication rate was 29.2%, de novo urgency being the most common problem (49/264, 18.5%) followed by transient urinary retention (28/264, 10.6%). Statistical analysis failed to show any correlation between the final outcome and the following parameters: patient age, type of incontinence, severity of preoperative incontinence, earlier anti-incontinence surgery, existence of obesity, status of menopause, pre-operative Valsalva Leak Point Pressure, existence of obstruction, existence of prolapse of grade ≥ 2 , increased sensitivity, decreased bladder capacity and preoperative evidence of detrusor overactivity.

Interpretation of results:

In the current study an objective measure of outcome was provided by the number of pads used per day before and after operation. A satisfactory outcome was recorded (84.7%) where patients were totally cured or where pad use declined by at least 50% with a maximum use of 1 pads per day. De novo urgency and voiding difficulty were the most common complications

Concluding message:

The PVS is a highly effective technique for the treatment of female stress incontinence with mild morbidity.

	<u>Outcome of treatment</u>		<u>Severity of incontinence</u>					
			Mild		Moderate		Severe	
	No. Pts	(%)	Pts	%	Pts	%	Pts	%
Cure	200	75.6	4/5	80	51/64	79.7	145/195	74.4
Improvement	24	9.1	0/5	0	7/64	11	17/195	8.7
Failure	40	15.2	1/5	20	6/64	9.3	33/195	16.9
Success*	224	84.7	4/5	80	58/64	90.7	162/195	83.1

* Cure + Improvement

References

1. Kubic K, Horbach NS (2003) Suburethral sling procedures and treatment of complicated stress incontinence. In: Bent AE, Ostergard DR, Cundiff GW, Swift SE, editors. Ostergard's urogynecology and pelvic floor dysfunction. Philadelphia: Lippincott, Williams & Wilkins; p. 468-493.

Disclosures

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