

CESA AND VASA FOR THE TREATMENT OF URGE URINARY INCONTINENCE

Hypothesis / aims of study

According to the Integral Theory a dysfunction of the uterosacral ligament (USL) is responsible for urge urinary incontinence (UUI). We developed a standardized operation for the replacement of the USL by PVDF tapes (CESA and VASA). In previous studies we found that up to 40% of patients were cured, however, the remaining 60% of patients developed stress urinary incontinence thereafter (1). These patients received a standardized TOT 8/4 which we used since 2013. The outcome of the first 72 patients treated with both standardized modalities was evaluated.

Study design, materials and methods

Patients with UUI were operated according to the CESA or VASA method. In short: the USL were replaced by either 8.8 cm (DynameshCESA, FEG, Aachen, Germany) or 9.3 cm (DynameshVASA, FEG, Aachen, Germany) long PVDF tapes. Thereafter the patients were examined at 2,4,8 and 16 weeks after surgery. In patients who were not cured a TOT was placed. This operation was also standardized since 2013 by placing a HEGAR 8 into the urethra and two HEGAR 4 between urethra and the tapes. Thereafter the follow-up was continued after 4 and 16 weeks. As cure was defined when a patient did not have any abnormalities in voiding anymore, ie normal frequency and no feeling of urge.

Results

32 patients were operated by CESA, 40 patients with VASA during that time period. 20 patients were cured after CESA (62%) and 20 after VASA (50%). All remaining patients got a TOT 8/4. The cure rate thereafter was 26 patients for CESA/TOT 8/4 (81%) and 31 patients for VASA/TOT 8/4 (77%).

Interpretation of results

The repair of the USL can cure UUI in about 50% of all patients. That strongly supports the hypotheses of the Integral Theory. We previously assumed that the failure rate after the CESA/VASA operation was caused by different tension of the TOT. Since that was also standardized to TOT 8/4 one can now evaluate other reasons for the missing cure in these patients.

Concluding message

The study demonstrates that surgery can cure UUI. That was never observed with any other treatment modality. By the standardisation of the CESA and VASA as well as the TOT 8/4 operation every urogynecologist can get the same results. That will probably be a great step for the scientific evaluation of female urinary incontinence.

References

1. Jäger W, Mirenska O, Brügge S: Surgical Treatment of Mixed and Urge Urinary Incontinence in Women. Gynecol Obstet Invest (2012): 1-8

Disclosures

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