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Brousseau T[1], Jundi M[1], Tu L M[1], Sioufi R[2]
1. *Université de Sherbrooke,* ***2.*** *Hôpital Anna-Laberge*

LONG TERM CLINICAL OUTCOMES OF THE ALTIS SINGLE INCISION SLING FOR THE TREATMENT OF FEMALE STRESS URINARY INCONTINENCE

Hypothesis / aims of study

Stress urinary incontinence (SUI) is a relatively common problem that affects one in three women. There is significant social and monetary cost related to this problem. As of today, several surgical procedures are available to treat this condition. The objective of this study was to determine the long term clinical outcomes of the Altis Single Incision Sling and evaluate the possible adverse reactions of this product in the treatment of female SUI.

Study design, materials and methods

For this retrospective study, we reviewed 92 files from 2 different centers where the Altis Single Incision Sling was used to treat female SUI between October 2010 and February 2013 in order to evaluate the clinical satisfaction of the patients. Inclusion criteria included absence of previous incontinence surgery and failed conservative incontinence therapy; no significant pelvic organ prolapse (greater than grade 2 according to Baden Walker classification); no other combined pelvic surgical procedure. The follow up was made at 3, 6 and 12 months and then annually. We used the Patient Global Impression on Improvement (PGI-I) scale to evaluate the subjective improvement and the presence or absence of stress urinary incontinence. We considered the patient with no subjective incontinence to be cured and those with 50% or less incontinence than pre op to be improved.

Results

92 files were reviewed for the purpose of this study. From these 92 patients, 13 were lost at follow up (moving, phone number change). Among those 79 patients, 22 had stress urinary incontinence alone (27.8%) and 57 had stress predominant mixed urinary incontinence (72.2%). The mean age of 60.7 years (43 to 89 years). The procedures were performed under local anesthetic with light sedation with an average time of 24.9 minutes (10 to 65 minutes). Mean follow up was 18.2 months (12 to 36.8 months). Subjectively, 61 patients reported to be cured (77.2%) and 14 to be improved significantly, for a total of 94.6 % (74/79). 5.4% (5/79) patients reported slight improvement or no change at all. The majority of patients reported no or few stress urinary incontinence at follow up. For this procedure, no important adverse outcome has been reported until the last follow up. Patients complain mostly about a slower but complete bladder emptying (12.7%, 10/79), groin pain in the first 3 months after surgery (6.3%, 5/79), new onset of urinary urgency (5.1%, 4/79) and urinary retention immediately after surgery (2.5%, 2/79).

Interpretation of results

Altis Single Incision Sling is an interesting minimally invasive surgical procedure done under local anesthetic and light sedation to help improve the quality of life of women suffering from SUI or stress predominant mixed urinary incontinence. This intervention seems to be effective and safe at an average follow up of 18 months and up to 36 months in some cases.

Concluding message

Long term follow up with the Altis Single Incision Sling demonstrate postive clinical outcomes by improving quality of life of women with SUI.

Disclosures
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