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SPARC SLING SYSTEM FOR TREATMENT OF FEMALE STRESS AND MIXED URINARY INCONTINENCE IN THE ELDERLY

Hypothesis / aims of study

The aim of this study was to investigate the safety and efficacy of the suprapubic arch (SPARC) sling procedure for the management of urinary incontinence in elderly versus younger women.

Study design, materials and methods

A total of 299 women underwent the SPARC procedure for female urinary incontinence. Of these patients, 258 were classified younger women (SUI, 214. MUI, 44) and 41 (SUI, 32. MUI, 9) were elderly (more than 65 year). The preoperative evaluations included a complete medical history, a female bladder questionnaires, urogynecological examination and urodynamic test with valsalva leak point pressure (VLPP). The main outcome measures were perioperative morbidity, postoperative SUI, persistent or de novo urge incontinence, postoperative complication and voiding dysfunction. The objective and subjective success rate were evaluated by visual analogue score and global patient impression questionnaire at 1, 3, 6 months. The mean follow-up period was 36 ± 14 mo (range, 12-90 mo).

Results

The incidence of SPARC related morbidity was similar in both group. For the operation outcome results, in younger group (258 patients) there were 232 cases of cure (89.9%), 20 cases of improvement (7.8%), and 6 cases of fail (2.3%) and in elderly group (41 patients) there were 36 cases of cure (87.8%), 4 cases of improvement (9.8%), a case of fail (2.4%). (p>0.05). The operation satisfaction rate of patients was 93.7% in the younger group and 90.2% in the elderly group (p>0.05). 279 patients (93.3%) would like to recommend the SPARC procedure to others. The objective success rate and operation satisfaction rate of the younger group did not differ from elderly group. No severe intraoperative or postoperative complications occurred in both groups.

Concluding message

The SPARC procedure is effective and offers a satisfactory cure rate without significant morbidity in elderly women.

Disclosures

Funding: no Clinical Trial: Yes Public Registry: No RCT: Yes Subjects: HUMAN Ethics Committee: Inje University Helsinki: Yes Informed Consent: Yes