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SINGLE-INCISION MID-URETHRAL SHORT TAPE PROCEDURE FOR STRESS URINARY INCONTINENCE UNDER LOCAL ANAESTHESIA IN THE OFFICE SETTING. OUR EXPERIENCE.

Hypothesis / aims of study

To report MiniArc Single-incision sling efficacy results in the office setting and the feasibility of performing the procedure in the office.

Study design, materials and methods

Prospective, single arm, nonrandomized, institutional review

Sixty-two patients who underwent treatment of stress urinary incontinence using the MiniArc single-incision sling

A MiniArc single-incision sling was placed in sixty-two patients in an office-based setting under oral sedation and local anesthesia. The study inclusion criteria were patient with stress urinary incontinence without associated medical conditions that contraindicated the use of local anesthetics or outpatient circuit in the appointment. The procedure was explained, informed consent signed and the women were advised to take, 10mg of Diazepam, Ibuprofen 600mg and 1g of amoxicillin-clavulanic as prophylactic antibiotic an hour before going to Hospital. A preoperative blood test (blood count and basic coagulation) was request. For local anaesthesia, 20ml 2% mepivacaine and 0.5% bupivacaine was used. Patient blood pressure and oxygen levels were monitored during the procedure. All procedures were performed in the office setting.

Results

Mean procedure time was 10 minutes. There were no complications during surgery. There was no injury to urethral, bladder, or major vessel perforation. The procedure was well tolerated with only local anesthesia. The degree of pain is 2 on the VAS scale. There were no complications in the immediate post surgery. The results are the same as when inserting the Mid-urethral sling in theaters. The cure rate is about 88%. The level of satisfaction is high. Doing surgery in the office has significantly reduced hospital costs (10% total cost saving).

Concluding message

The in-office experiences suggest that implantation of a single-incision sling for treatment of stress urinary incontinence with the patient under oral sedation and local anesthesia can be performed safely, with effective results. Thus, performing this procedure in an office setting is a viable option.

Disclosures

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