

## LONG TERM RESULTS AFTER FASCIA LATA PUBOVAGINAL SLING FOR COMPLEX INCONTINENCE SECONDARY TO INTRINSIC SPHINCTERIC DEFICIENCY

### Hypothesis / aims of study

To report our long-term pubovaginal sling (PVS) outcomes using fascia lata for stress urinary incontinence (SUI) secondary to intrinsic sphincteric deficiency (ISD)

### Study design, materials and methods

Following IRB approval, charts from women undergoing PVS with fascia lata between 1997 and 2013, with at least 6 months of follow up, were reviewed. Fascia lata sling was indicated for SUI secondary to ISD with a well-supported urethra as documented on examination and lateral view standing cystogram. Pre and post-operative data collected included demographics, validated questionnaires, prior anti-incontinence procedures, associated repairs, urodynamic findings (when available), and re-operation procedures for SUI. The fascia lata harvesting operation was performed through a short transverse incision two finger breadth above the knee joint along the course of the fascia lata (figure 1). After dividing the distal end of the fascia lata, holding sutures were placed to lift off the fascia and dissect it upwards over a 5-6 cm length (figure 2). The fascial strip was divided (figure 3) cephalad, marked on the midline and secured with holding sutures at each extremity. The closure of the incision was done without re-approximating the fascial edges. The fascial strip was then transferred vaginally underneath the urethra and placed loosely to avoid voiding dysfunction. Women were seen in follow-up at 6 weeks, 6 months and yearly thereafter. Success was defined as cure of SUI (no pad, UDI-6 question 3 related to SUI at 0 or 1). All data was reviewed by a neutral investigator not involved in patient care.

### Results

From a prospective longitudinal database on PVS slings, 22 women met the inclusion criteria with mean age of 73 (52-88) years, mean BMI 29 (17-38) and mean parity 2.7 (1-4). Mean follow up was 100 months (8-190). Indication for fascia lata sling (over traditional rectus fascia) was related to overweight (13) and to prior abdominal procedures, including abdominoplasty (9). Fifteen women had received one or more prior anti-incontinence procedures and five a prior injectable agent. No perioperative complications were noted, including no episode of retention over 2 weeks post-operatively. Overall, 19/22 met success criteria (no pad, UDI-6 Question 3 at 0 (14) and at 1 (5)). Three women underwent a subsequent procedure for residual SUI (injectable agent), and four were on overactive bladder medications.

### Interpretation of results

Compared to historical controls using rectus fascia sling for SUI secondary to ISD, this series confirms good outcome with fascia lata as the source for autologous sling. The short incision on the lateral side of the lower thigh above the knee joint was well accepted with no longterm sequelae (no pain and no cosmetic issues). The indication for fascia lata harvest should be considered when the rectus fascia is compromised by prior low abdominal procedures such as abdominoplasty or mesh repair for incisional hernia, or in overweight patients with a large pannus.

### Concluding message

At long-term follow-up of over 8 years after fascia lata sling, women who underwent fascia lata sling had acceptable continence outcomes.

Figure 1



Figure 2

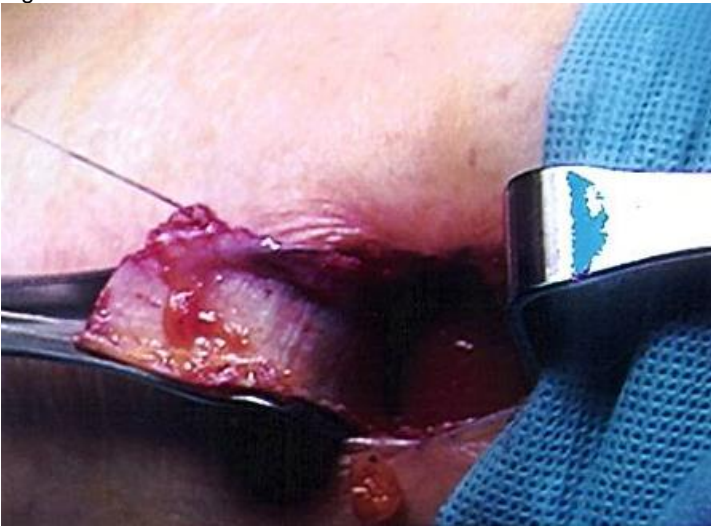


Figure 3



Disclosures

**Funding:** none **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** University of Texas Institutional Review Board  
**Helsinki:** Yes **Informed Consent:** Yes