

READJUSTABLE MIDURETHRAL SLING (REMEEX SYSTEM) IN ELDERLY FEMALE: LONG-TERM EFFICACY AND COMPLICATIONS.

Hypothesis / aims of study

To evaluate the long-term outcomes of the readjustable midurethral sling (Remeex system) for the treatment of recurrent stress urinary incontinence (SUI) after previous anti-incontinence surgeries or intrinsic sphincter deficiency (ISD) in old age.

Study design, materials and methods

Between July 2008 and February 2010, 66 women (20 patients older than 70, 46 less than 70), who presented with previous failed surgery or ISD, were treated with the Remeex system at single institutions. We retrospectively reviewed urodynamic study, short-term efficacy and perioperative complication (modified Clavien classification system) A telephone survey was conducted to assess status of incontinence and patient satisfaction at least 5 years after Remeex surgery. We compared short term efficacy, complications, long-term efficacy and satisfaction according to age (less than 70 versus 70 and more).

Results

The clinical characteristics of patients and short-term outcome are shown in Table 1. At 3 month postoperatively, 52 patients (78.8%) were cured and 10 patients (15.2%) were improved. 7 patients (10.6%) experienced 12 complications; 4 patients (6.1%) presented de novo urgency, which was properly managed with anticholinergics and 5 (7.6%) patients underwent delayed sling readjustment or CIC during follow-up. 3 patients (4.5%) underwent wound dehiscence. Among 42 (66.7%) patient who were answered to 5 years- telephone survey, 24 (57.1%) were cured and 14 (33.3%) were improved. The patient's satisfaction rate was followed; very satisfied 16 (38.1%), satisfied 10 (23.8%), usual 8 (19.0%), unsatisfied 8 (19.0%). Improvement rate of incontinence was slightly higher in less than 70 years old patients (92.8% vs. 85.7%) but was not significant and patient satisfaction was comparable between both age groups (Table 2).

Interpretation of results

Long-term outcome and complication of Remeex system is feasible and No significant difference in outcomes was found between both age groups.

Concluding message

The Remeex system is a feasible surgery for patients with recurrent SUI or ISD and even elderly female could be cured appropriately and maintained efficacy and satisfaction in long-term period.

Table 1. Clinical characteristics of patients and short-term outcomes

| Variables | <70 years old (n=46) | ≥70 years old (n=20) | Total | |
|--|---------------------------|-------------------------|-----------|-----------|
| Age, years | 52.8±7.6 | 76.0±4.4 | 59.8±12.7 | |
| Parity, times | 2.1±1.1 | 2.0±1.8 | 2.1±1.6 | |
| Previous pelvic operation. n(%) | 15(32.6%) | 4(20.0%) | 19(28.8%) | |
| Mixed incontinence. n(%) | 8(17.4%) | 13(65.0%) | 21(31.8%) | |
| Previous anti-incontinence surgery, n(%) | 10(21.7%) | 3(15.0%) | 13(19.7%) | |
| Detrusor overactivity, n(%) | 4(8.7%) | 3(15.0%) | 7(10.6%) | |
| VLPP. cmH2O | 49.9±7.6 | 44.9±14.1 | 48.4±11.8 | |
| Short-term efficacy, n(%) | Cure | 37(80.4%) | 15(75.0%) | 52(78.8%) |
| | Improved | 5(10.9%) | 5(25.0%) | 10(15.2%) |
| | Fail | 4(8.7%) | 0 | 4(6.1%) |
| | De novo urgency | 3(6.5%) | 1(5.0%) | 4(6.1%) |
| complications | Sling readjustment or CIC | 4(8.7%) | 1(5.0%) | 5(7.6%) |
| | Wound dehiscence | 2(4.3%) | 1(5.0%) | 3(4.5%) |

Table2. .Efficacy and patient satisfaction in 5 years interview survey

| Variables | <70 years old (n=28) | ≥70 years old (n=14) | total | |
|----------------------|-------------------------|-------------------------|-----------|-----------|
| Efficacy | Cure | 15(53.6%) | 10(71.4%) | 24(57.1%) |
| | Improved | 11(39.3%) | 2(14.3%) | 14(33.3%) |
| | failed | 2(7.1%) | 2(14.3%) | 4(9.5%) |
| Patient satisfaction | Very satisfied | 12(42.9%) | 4(28.6%) | 16(38.1%) |
| | Satisfied | 9(32.1%) | 2(14.3%) | 10(23.8%) |
| | Usual | 1(3.6%) | 6(42.9%) | 8(19.0%) |
| | Not satisfied | 6(21.4%) | 2(14.3%) | 8(19.0%) |

Disclosures

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