

SURGICAL TREATMENT OF STRESS URINARY INCONTINENCE AND ANTERIOR VAGINAL WALL PROLAPSE WITH A TRANSOBTURATOR TAPE AFTER FAILURE OF SINGLE-INCISION MID-URETHRAL SLING

Introduction

Stress urinary incontinence (SUI) is a common condition, with prevalence rates ranging from 12.8% to 46%. SUI has a significant impact on the quality of life for many women. The update panel of AUA guideline on the surgical management of female SUI underlined the importance of the transobturator tape (TOT). Nowadays, single-incision mid-urethral slings are becoming popular in incontinence surgery.

Design

The video demonstrates a 76 year old woman who underwent TOT procedure for SUI and anterior vaginal wall prolapse after failure of single-incision mid-urethral sling procedure. Informed consent has been obtained.

Results

The video demonstrates a TOT procedure following failed single incision mini-sling surgery. The mesh from the prior surgery and the anterior vaginal wall prolapse was carefully dissected. To avoid the complications the prior mesh was left in place and a second tape was inserted below the prior mesh through a transobturator route. Operative time was 20 minutes. At the 3rd moth her ICIQ-SF score was decreased from 21 to 0 and her symptoms such as, vaginal bulging and pelvic pressure were improved.

Conclusion

Although single-incision mid-urethral slings are as effective as other mid-urethral slings in improving female SUI, this video shows that patient selection is very important before deciding the type of incontinence surgery.

Disclosures

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