Hypothesis / aims of study
Till now finding the cure for urge/mixed urinary incontinence has not been accomplished. It is recently proposed that uterine supports also play an important role in controlling detrusor activity in women(1-3). We performed the first study in Asia prospectively evaluating the safety and efficacy of a new modified utero-sacropexy(USA) /vagino-sacropexy(VASA) procedure in treatment of female patients with urge/mixed urinary incontinence.

Study design, materials and methods
The study was prospectively conducted from February 2014 to May 2014 at our institute. All consecutive patients undergoing USA/ VASA for urge/mixed urinary incontinence , with no response to anticholinergic medications and intravesical botulinum toxin therapy, were included. All patients underwent urodynamics study preoperatively and postoperatively (at 3 and 6 months). A specially designed polyvinylidene fluoride mesh was placed anteriorly on uterus/vaginal vault (post-hysterectomy), laterally through uterosacral ligaments and posteriorly to sacrum at S2 vertebra level. The demographic, peri-operative and follow data were analyzed. The efficacy was measured as cure (absence of all subjective and objective incontinence symptoms.), improvement (in both subjectively and objectively) and failure.

Results
The study included 25 patients. The USA and VASA were performed in 16(64%) and 9 (36%) patients respectively. The mixed and urge urinary incontinence were found in 11(44%) and 14(56%) respectively. The mean age and BMI were 47.1 years and 29.3 kg/m2 respectively. In mixed urinary incontinence group, the mean valsalva leak point pressure was 71.3 mm Hg. Further, cystocele and uterine prolapse were present in 5 (45.4%) patients and 6(54.5%) patients in mixed group. The mean operating time and estimated blood loss were 75.7 min and 81.4 ml respectively. There were no major intra or peri-operative complications.

Interpretation of results
At mean follow up of 8.3 months, 23(92%) patients were cured - 10(90.9%) in mixed incontinence group and 13(92.8%) in urge incontinence group. The other 2 patients showed improvement after surgery.

Concluding message
In female patients with mixed/urge urinary incontinence, USA/ VASA was safe and effective, with 92% cure and improvement in remaining patients. However, a large prospective randomized controlled trial with longer follow up is required to further validate these results.

References

Disclosures
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