

PUBOVAGINAL RECTUS SLING NEWLY REINTRODUCED AS A TREATMENT FOR COMPLICATED STRESS URINARY INCONTINENCE.

Hypothesis / aims of study

Sling surgery is considered now the first choice for treatment of stress incontinence with high cure rates exceeding 90%. In complicated cases of stress urinary incontinence it is difficult to decide which type of treatment will be the best choice for your patient? Pubovaginal sling using rectus fascia is reconsidered as a good choice in complicated cases. We represent our experience in treatment of complicated stress incontinence with modified pubovaginal sling.

Study design, materials and methods

study of 25 adult female with A prospective complicated stress urinary incontinence and were treated with modified pubovaginal sling. Complete history, clinical examination, voiding diary and abdominal ultrasound were included. a transverse flap of rectus fascia with 3 cm length and 1.5 cm width was harvested. The flap was fixed by its free two ends to two long limbs of polypropylene threads. After urethral dissection, the flap was fixed midurethrally and the polypropylene limbs was passed retropubically on each side to the bladder neck. Cystoscope was carried out to exclude bladder perforation. Cough stress test was performed to adjust polypropylene limbs traction before its fixed to the abdominal rectal fascia. Urethral catheter was left for 3 - 5 days. In cases of vesicovaginal fistula, the procedure was done in two stages. Urodynamic study was performed after 4 weeks of surgery and repeated regularly at 6 and 12 months postoperatively.

Results

The mean operative time 71.7 ± 14.7 min and the mean hospital stay was 6.5 ± 1.9 days. The mean time for postoperative analgesics and catheter removal were 4.3 ± 1.3 days and 5.6 ± 1.6 days respectively. All patients had voided spontaneously after catheter removal and no cases needed recatheterization. For postoperative urodynamic data after one year of surgery, the mean maximum urinary flow was 22.0 ± 5.8 ml/sec while the mean detrusor pressure was 22.0 ± 7.0 cm.H₂O. The mean cystometric capacity was 338.5 ± 67.2 ml. Most of patients had showed satisfactory results. 18 cases (72%) were completely dry and other 5 patients (20%) were significantly improved. With overall success rate of 92% all patients finished the study. Two cases of failure were diagnosed preoperatively to have a pipe stem urethra.

Concluding message

The pubovaginal sling is an effective procedure for treating female complicated stress incontinence using rectus fascia as the sling material. Postoperative urodynamics demonstrated that rectus sling causes no bladder outlet obstruction.

Disclosures

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