

## READJUSTABLE SLING PROCEDURE (REMEEX SYSTEM®) FOR THE TREATMENT OF FEMALE AND MALE URINARY INCONTINENCE: THE READJUSTABILITY ADVANTAGE

### Introduction

Despite advantages in mid-urethral sling surgery for Stress Urinary Incontinence (SUI), an intraoperative dilemma still exists regarding the optimal tension of the sling that is required to reach full continence without causing obstruction-related voiding dysfunction. In female patients with intrinsic sphincter deficiency (ISD) or detrusor underactivity (DU) and those being re-operated after previous failed intervention this dilemma is particularly relevant. For male SUI treated with sling procedures the dilemma is the same and there is evidence that incontinence may recur long after initial cure. For the above reasons the option of readjustment, both immediate and delayed, of the urethral support is a key point for obtaining optimal continence results while avoiding voiding dysfunction. The aim of this video is to demonstrate the surgical procedure of placement and adjustment of the Remeex System®, a fully adjustable mid urethral sling

### Design

Since December 2014, 8 stress incontinent females (3 with ISD, 3 with DU and 2 mid-urethral sling failures) and 4 males were treated with the Remeex System®. Patients were preoperatively evaluated by physical examination, urodynamic testing, the Sandvik Severity Index (SSI) and the Incontinence-QOL (I-QOL) questionnaire. Changes in SSI, I-QOL questionnaire and uroflowmetry parameters were evaluated in the follow-up. The Remeex System® was initially adjusted the day after its placement with the patient standing up and performing Valsalva, in order to check for incontinence. Tension was increased till continence was achieved and voiding without significant post-void residual was demonstrated. If necessary, loosening the sling was also feasible by rotating the device manipulator counter-clockwise. Long-term readjustment, if needed, was performed at any time point under local anesthesia.

### Results

After the initial adjustment all females were dry and none received delayed adjustment. 1 of 4 male patients was readjusted 6 months after the initial adjustment. SSI and all domains of I-QOL scores were significantly improved after the operation. There were no significant changes in uroflowmetry parameters. No complications were reported.

### Conclusion

The Remeex System® produced remarkable functional results that showed the effective role of this device in obtaining an adequate sling tension as well as gaining the patient's continence and minimizing the risk of complications. These outcomes confirmed the role of Remeex System® in a particular group of patients with worse prognosis affected by 'true' ISD (mainly iatrogenic ISD with 'lead pipe' urethra and fixed urethra), DU or patients who failed tension-free procedures. Our data suggest that the Remeex System® represents a good alternative to conventional mid-urethral slings in patients at increased risk for post operative voiding dysfunction, persistent incontinence or delayed incontinence recurrence.

### Disclosures

**Funding:** None **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** CEAS regione Umbria **Helsinki:** Yes **Informed Consent:** Yes