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SINGLE INCISION MID URETHRAL SLING FOR URINARY INCONTINENCE; SMALL TAPE FOR A BIG PROBLEM

Hypothesis / aims of study

Urinary stress incontinence (USI) is a common condition affecting nearly 20% of women over 40 years of age. While rarely life-threatening, incontinence may seriously influence the physical, psychological and social wellbeing of affected individuals. The impact on the families and carers of women with urinary incontinence may be profound, and the resource implications for the health service considerable (1). It is crucial that treatment of such a common condition is provided in the most effective manner. There are several surgical techniques for such treatment. Since 2007 we have offered women in the region who suffer from USI a single incision, local anaesthetic procedure on a day case basis.

Study design, materials and methods

All patients implanted with a MiniArc™ single incision mid urethral sling (American Medical Systems, Minnetonka, USA) from July 2007-December 2015 were reviewed. The review focused on the nature of incontinence preoperatively, urodynamic findings and previous treatments. In addition, operative and success rates were assessed.

Results

263 cases were performed during this period, with a median follow-up of 4 years and a success rate of 83%. Thirteen patients failed to attend their follow-up. The procedure was performed either under local anaesthetic with sedation or general anaesthetic (85% under local anaesthetic with sedation in the last year). In our cohort; 10 patients (4%) failed to void spontaneously post operatively and required catheterisation (mostly temporarily, only one needed surgery), 2 patients (1%) had vaginal extrusion of the tape and one had bladder erosion of the tape end needed surgery to remove the segment. 16 patients (6.4%) developed de novo bladder overactivity.

Interpretation of results

These data demonstrate that the single incision sling performed under local anaesthesia is an effective treatment for USI with minimal complications. The success rate is similar to other published data for mid urethral slings (TVT, TVTO and TOT). There is however, a suggestion that the use of less mesh material could be advantageous (2).

Concluding message

This study shows that the single incision mid urethral sling appears to be an effective treatment for female USI within a day case setting.

References

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2. The Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR). Safety of surgical meshes used in urogynaecological surgery: final Opinion, http://ec.europa.eu/health/scientific_committees/emerging/docs/scenihr_o_049.pdf (December 2015, accessed 21 March 2016)

Disclosures

Funding: None **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** York Teaching Hospital **Helsinki:** Yes **Informed Consent:** Yes