Autologous fascial sling surgery for recurrent stress urinary incontinence

Manley J[1], Srivastava K[1], Kumar V[1], Place J[1], Lupton B[1]. 1. Doncaster Royal Infirmary, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, UK.

Introduction:

Urinary incontinence affects 14-25% of women[1]. As a consequence a large number of surgical procedures have been developed for the treatment of stress incontinence, including the autologous fascial sling (AFS). However, the failure rate of these procedures ranges from 4 to 37%[2]. There is little consensus as to the management of these treatment failures.

Aims:

This study aims to compare the outcomes of autologous fascial sling (AFS) surgery in patients undergoing a primary surgical procedure with surgery for recurrent incontinence following one or more previous procedures.

Methods:

A prospective review of patients undergoing AFS surgery for stress incontinence or mixed incontinence with a predominant stress component. Comparison was made between patients undergoing a primary procedure (n = 20) and those undergoing AFS following previous stress incontinence procedures (n=19).

Patients were followed prospectively with pre-operative evaluation (clinical examination, video-urodynamics and ICIQ-UI (short form) questionnaire) and post-operative evaluation (clinical review, post void bladder scan and questionnaire).

Primary outcome:

Persistence of stress urinary incontinence (clinical review /questionnaire elicited)

Secondary outcomes:

Post-operative ICIQ-UI scores
Peri-operative complications
Incidence of recurrent urinary tract infections
Rate of intermittent self-catheterisation (ISC)
Rate of *de novo* urgency

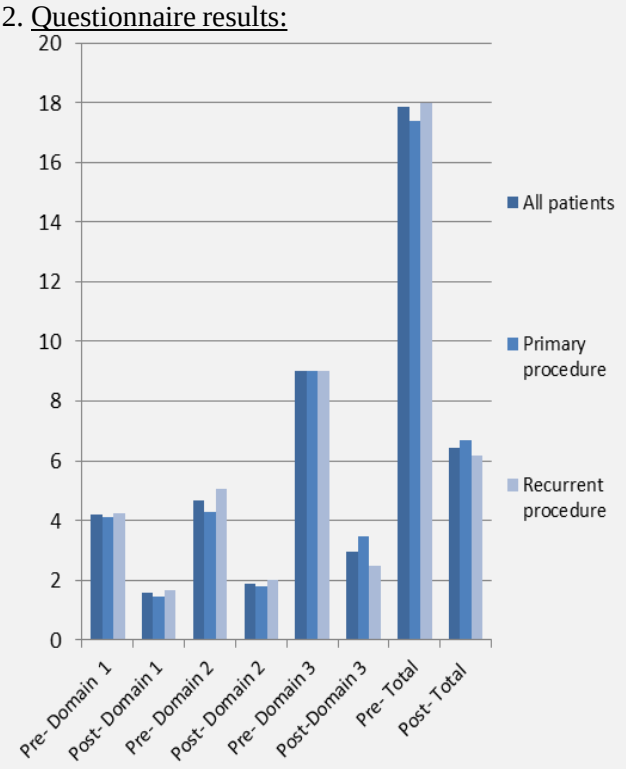
Results:

1. Persistence of stress incontinence:

Group	Procedure failure
Primary	**5% (1/20)**
Recurrent	**0% (0/19)**

(Mean follow-up: primary 7.5 months, recurrent 10.4 months)

2. Questionnaire results:



3. Complications:

	Primary procedure	Recurrent procedure
Peri-operative complications	20% (4/20)	26.3% (5/19)
Recurrent UTIs	26.3% (5/19)	11.1% (2/18)
Intermittent self catheterisation	20% (4/20)	21.1% (4/19)
De novo urgency	50% (2/4)	55.6% (5/9)

Discussion:

There was no significant difference in primary outcome between the primary and recurrent groups suggesting that autologous fascial sling may be a useful option in recurrent disease.
The rate of UTI was comparable to that of other studies[3], however the rate of *de novo* urgency and use of intermittent self catheterisation was higher than previous studies. This could be potentially attributed to the small study size and the relatively short follow-up period.

Conclusion:

The results suggest that autologous fascial sling surgery following previous stress incontinence procedures does not result in worse outcomes than primary surgery with regards to the treatment of stress incontinence and patient reported outcomes and satisfaction.

References:
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Disclosures: None

Contact: jpmanley@doctors.org.uk