

FASCIAL PATCH SLING VERSUS TRANSOBTURATOR TAPE IN RECURRENT FEMALE STRESS URINARY INCONTINENCE, LONG TERM DATA

Hypothesis / aims of study

Recurrent incontinence is one of the most disastrous complications of continence surgery. Midurethral slings are commonly used nowadays for female stress urinary incontinence. Recurrent incontinence, Tape erosion and sometimes intraoperative visceral or vascular injury still a big problem with these techniques. Fascial Sling is another good option in such like cases especially in severe incontinence. In this study we evaluated efficacy, safety and long term results of fascial sling in recurrent female stress incontinence.

Study design, materials and methods

38 female patients with recurrent SUI were evaluated. They were randomly divided into 2 groups: Group A (GA) 21 patients underwent Fascial Patch Sling operation (FPS) using either rectus fascia or fascia lata and Group B (GB) 17 patients underwent Transobturator Tape (TOT).

Operative time, intra and postoperative complications, duration of catheterization and Hospital stay as well as success rate of surgery were recorded.

All patients were evaluated by history, voiding diary, physical examination, urine culture, pelviabdominal ultrasound, and urodynamics. International Consultation of Incontinence Questionnaire-Short Form (ICIQ-SF), and female sexual function index (FSFI) questionnaire (Arabic versions were applied for all patients). Patients were followed for 3 years. 3 patients did not complete the follow up period, 2 from GA and 1 from GB. Both techniques were also compared as regard complications and tolerability using Clavien complication grading.

Results

Both groups were matched at baseline for mean age (33.41 ± 12.36 and 34.95 ± 11.63 years group A and B respectively), comorbidity profile, (ICIQ-SF), and (FSFI) questionnaire. Operative time, intra-operative bleeding were significantly lower in GB 24.08 ± 4.06 versus 43.94 ± 7.7 minutes, ($p < 0.001$) as regard time and 0.3 ± 0.4 versus 1.1 ± 0.2 as regard HB drop, ($p < 0.001$). No significant difference could be detected as regard catheterization period and hospital stay with range 1-2 and 1-3 days for both ($P > 0.05$). Significant improvement in ICIQ-SF occurred in both groups (from 15.1 ± 3.6 to 1.6 ± 5.5), in GA and (14.9 ± 1.2 to 7.5 ± 5.7) in GB ($p < 0.001$). One case of recurrence occurred in GB after 1 year while no recurrence occurred in GA.

Interpretation of results

Success rate defined as cure and improvement was 95% in GA, 65% in GB. In Patients with valsalva leak point pressure less than 60cm H₂O (9 cases in GA and 6 in GB) only one in GA failed while no improvement recorded in GB ($p < 0.001$). Vaginal erosion occurred in 2 cases and urethral erosion in 1 case in GB within the 1st year follow up (Clavien grade 3), ($p < 0.001$). 91% of sexually active women in GA achieved significant improvement in their sexual FSFI, while only 50% in GB.

Concluding message

: Fascial patch Sling is more effective and safe than TOT in recurrent female stress incontinence with good long term data

Disclosures

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