

MANAGEMENT OF BLADDER OUTLET OBSTRUCTION AFTER A SINGLE-INCISION MID-URETHRAL SLING PROCEDURE BY TAPE ELONGATION

Hypothesis / aims of study

Bladder outlet obstruction (BOO) is reported to occur in 2~15 % of women after anti-incontinence surgery.¹ Most surgeons performed urethrolysis or sling incision for iatrogenic BOO. However, recurrent stress urine incontinence (SUI) is seen in approximately 20 % of women after sling incision.^{1,2} Ajust Helical single-incision sling (C.R. Bard Inc., New Providence, NJ, USA) was devised to be anchored directly on the obturator muscle and to allow the tension of the sling to be regulated. Limited evidence had shown that Ajust was associated with favorable success rates, while few reports about its complication.³ The aim of this study was to report a high rate of BOO during learning period of Ajust Helical single-incision sling procedure, and the sling elongation method we used to manage the problem.

Study design, materials and methods

A retrospective cohort study was conducted between April 2013 and April 2015. Women with SUI who underwent either TVTO or Ajust Helical were recruited. Trials of transurethral sling depression were given for patients with BOO in post-op 1 week. For patients with persistent BOO, incision of sling and elongation with another piece of polypropylene mesh were performed. We analyzed the clinical characteristics, overall success rates and recurrence rates of SUI of these patients.

Results

A total of 119 patients were enrolled, including 61 receiving TVTO and 58 receiving Ajust Helical. Clinical data of both groups were similar, except a significant higher post-op BOO rate in Ajust Helical group. (3.3% in TVTO group; while 17.2% in Ajust Helical group, $P=0.014$). Most BOO of Ajust Helical procedure occurred in the earlier cases (no BOO after case No. 27). Furthermore, all patients had immediate relief of obstructive voiding symptoms after elongation of sling. Only one patient (1/12, 8.3%) suffered from recurrent SUI at a median 24 months follow-up period.

Interpretation of results

A high rate of BOO is noted during learning period of Ajust Helical single incision sling procedure. It is not possible of rectification by transurethral sling depression because of strong obturator anchorage. However, sling elongation technique solves the obstruction and maintains the anti-incontinence efficacy.

Concluding message

Sling elongation technique could be a solution for BOO after Mid-urethral slings and maintains their anti-incontinence efficacy.

References

1. International urogynecology journal. 2013;24(12):2145-2146.
2. Urology. 2012;80(3):551-555.
3. BMC Urol. 2015;15:64.

Disclosures

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