

REOPERATION RATIO OF THE MINISLING

Hypothesis / aims of study

To review the reported reoperation ratio of the mini-slings procedure and compare it with the results in our institution. We also tried to identify predictive factors for failure of the sling and for the need for reoperation.

Study design, materials and methods

A literature study was conducted in the PubMed database. The research was restricted to randomized controlled trials and prospective cohort studies, published in English. At least 45 patients were included, having stress-or mixed incontinence.

The studies had to assess and discuss the reoperation ratio after mini-sling with a minimum follow-up period of 12 months. All the papers including the tension free vaginal tape Secur were excluded from this review. The final selection included 12 papers, assessing 1158 patients, fulfilling the aforementioned criteria. We compared these results with the ones from our own database, including 154 patients between 40 and 92 years old. All of them got a Miniarc implanted, this being the first surgery for their stress urinary incontinence. We assessed demographic factors such as age, BMI, previous incontinence surgery, previous pelvic surgery in general and mixed incontinence for being predictive for failure of the sling in our institution. This by comparing these factors between the population in total and the group who underwent reoperation.

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Results

The average reported reoperation ratio for mini-sling in the review was 38/1158 (3.3%).

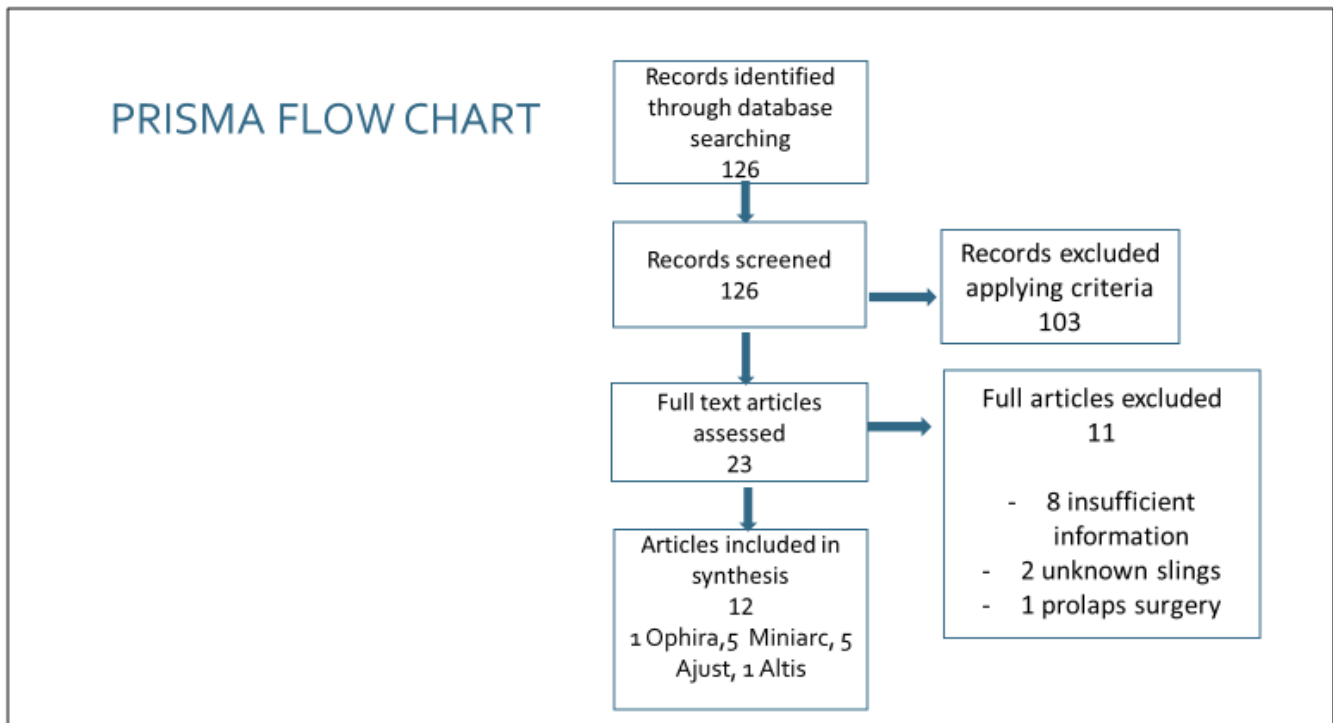
The reoperation rate in our institution was 16/154 (9,2%) after 2 years. We found that the group who had to undergo reoperation was, on average, of a younger age, had a lower percentage of mixed incontinence, a slightly higher BMI and a higher rate of previous pelvic surgery.

Interpretation of results

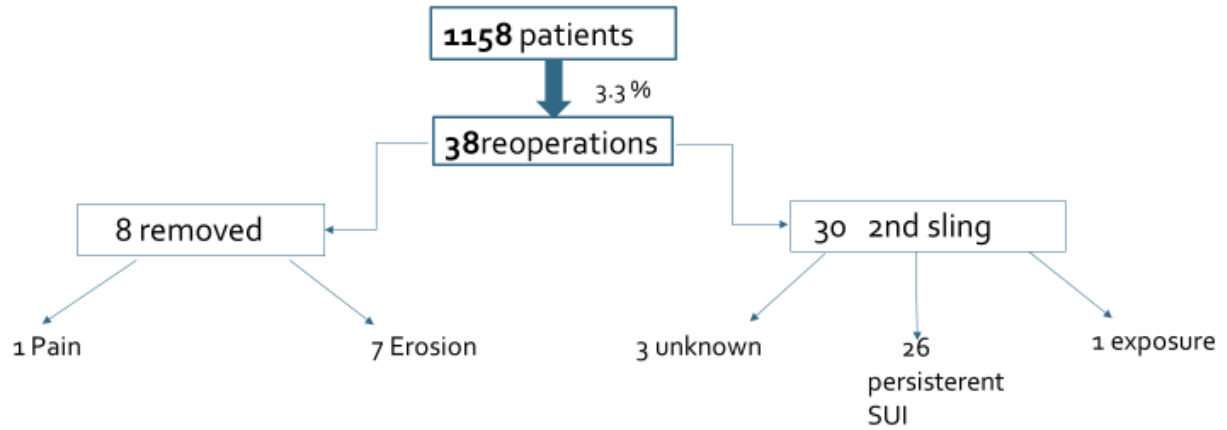
The reported reoperation ratio in literature is 3,3%. We found a higher reoperation ratio for the minisling than described in literature. Only previous pelvic surgery could be withheld as a risk factor for failure of the minisling.

Concluding message

We found a higher reoperation ratio for the minisling than described in literature.

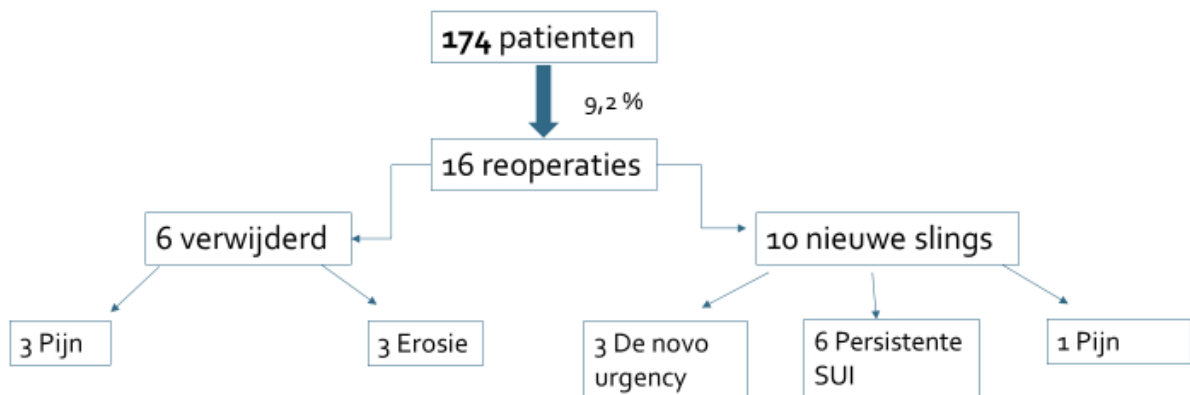


RESULTS



DATABASE UZ LEUVEN

24 maanden



Disclosures

Funding: NONE **Clinical Trial:** Yes **Public Registry:** No **RCT:** No **Subjects:** HUMAN **Ethics Committee:** Opleidingspecifieke Ethische Begeleidingscommissie van de opleiding "Master in de geneeskunde (Leuven)" Education specific ethical commission of "Master in medicine (Leuven)" **Helsinki:** Yes **Informed Consent:** Yes