

MANAGEMENT OF THE COMPLICATIONS OF PUBOVAGINAL SLING SURGERY

Hypothesis / aims of study

Although pubovaginal sling surgery (PVS) is an effective surgical method; complications including urinary retention and voiding difficulties, urgency and urge incontinence can be devastating. In this study we aimed to present complications of PVS and their managements.

Study design, materials and methods

A total of 21 patients who underwent PVS in 4 separate center between June 2014 and May 2016 were reviewed retrospectively. Demographic characteristics of the patients, previous surgical history, daily pad use, Urogenital Distress Inventory (UDI-6) and Incontinence Impact Questionnaire (IIQ-7) were recorded. Also, the management of the complications were stated.

Results

There was no intraoperative complication. The mean age of the women was 54.9±12.32 (36-76) years. Six patients (28.5%) had a history of previous anti incontinence surgery and 15 (71.4%) were naïve for surgery. The mean pad use was decreased from 4.04±0.95 to 0.95±0.86 (p=0.0001) at postoperative follow up. There was a significant improvement in comparison of preoperative and postoperative UDI-6 and IIQ-7 scores. The mean UDI-6 score was decreased from 6.66±2.09 to 2.09±1.22 (p=0.0001) and the mean IIQ-7 score was decreased from 16.8±1.16 to 5.09±4.21 (p=0.0001) at post-operative sixth month.

Thirteen patients out of 21 (62%) had no complications. One patient (4.76%) had abdominal hernia at post-operative 2nd year and hernia was repaired by a general surgeon. Recurrent stress urinary incontinence (SUI) was developed in one naïve woman (4.76%) and in a woman with a history of trans obturator tape. Both patients were scheduled for urethral injection. Two patients (9.52%) had urgency incontinence and their symptoms improved after prescription of antimuscarinics.

Three (14.28%) patients had an increased post micturational residual (PMR) (150-200ml). In one of them the abdominal sutures were cut at early postoperative period and she was able to void and there was no recurrence for SUI. The other two patients had decreased PMR at the 3rd month follow up (50-100ml).

Two patients (9.52%) had urinary retention. While one patient was able to void after 5 weeks course catheterization the other woman managed with clean intermittent catheterization (CIC). Initially this woman underwent urethrolisis. The operation was extremely difficult due to the scar tissue surrounding the bladder neck. She continued to have CIC after failure of urethrolisis. Afterwards she underwent sacral neuromodulation and the frequency of CIC was decreased from 6 to 3 times daily. She was able to void an amount of 150 ml in an obstructive pattern at uroflowmetry. An another course of urethrolisis was planed to the patient patient but she become pregnan and the sacral neuromodulation was turned off.

Interpretation of results

The results showed a significant improvement in terms of SUI and quality of life. However, complications of PVS are not rare. These include dysfunctional voiding, retention or wound related problems. Furthermore recurrent SUI is another potential problem. Increased PMR or retention is one of the most important issues after PVS. In some cases it can be a temporary problem or it may persist. For the cases with recurrent SUI minimal invasive options should be considered.

Concluding message

Although the efficiency of PVS is high; one should aware of complications. The successful management of the complications will increase efficiency and patient satisfaction.

Disclosures

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