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Mosli-Lynch C¹, Pakzad M¹, Hamid R¹, L Ockrim J¹, J Greenwell T¹

1. University College London Hospitals

OUTCOMES OF TRANSABDOMINAL AND TRANSVAGINAL BLADDER NECK CLOSURE

Hypothesis / aims of study

Bladder Neck Closure (BNC) is infrequently performed for intractable urinary incontinence as a 'last resort' in patients who have exhausted other options. Two main approaches, transabdominal and transvaginal, are described. We have assessed the outcomes of these different techniques.

Study design, materials and methods

We retrospectively reviewed the outcomes of 25 consecutive patients having BNC between 1995 and 2016. Data assessed were patient demographics, underlying diagnosis, technique of BNC, the use and type of tissue interposition and whether concurrent bladder augmentation or urinary diversion was performed. Statistical analysis was by Chi Squared Test.

Results

Results are shown on table 1.

	<i>Success</i>	<i>Failure</i>	<i>Revised</i>	<i>Success Overall</i>
<i>Transabdominal</i>	15	3	2	17
<i>Transvaginal</i>	5	2	2	7
<i>Tissue Interposition</i>	20	2*	4	
<i>No Tissue Interposition</i>	0	3*	0	
<i>History of Radiotherapy</i>	2	4*		
<i>No Radiotherapy</i>	18	1*		

*P < 0.05

Interpretation of results

Bladder neck closure was successful in 80% of patients at 1st attempt and 95% overall following revision surgery.

Concluding message

History of radiotherapy and lack of tissue interposition were significantly associated with failure of BNC whilst route of repair did not.

Disclosures

Funding: nil **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** Retrospective Study, **Helsinki:** Yes **Informed Consent:** No