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Title (type in
CAPITAL
LETTERS)USE OF THERMAL URETHROPLASTY AS A MINIMALLY
INVASIVE TECHNIQUE TO SHRINK THE SOFT TISSUE OF THE
ENDOPELVIC FASCIA

Aims of Study: Determine the immediate tissue response and durability of results in laparoscopically treating the endopelvic fascia in females manifesting Type II stress urinary incontinence symptoms. **Methods:** Currently, 30 patients have been sequentially entered into this on-going prospective, non-randomized, multi-site investigational study. **Patients:** Mature females (average age 49.4 ± 7.5 yr.) with no prior abdominal surgery, unsuccessful attempts at non-surgical interventions, and SUI symptoms on an average of nine years. **Interventions:** Thermal urethroplasty via a laparoscopic extraperitoneal approach in the shrinkage of the female fascia. **Results:** Real-time treatment visualization revealed tissue shrinkage (withdrawal) without charring or adjacent area damage. No operative complications were observed. Postoperatively, the improved/cured rate ranged from 70-90% at all post-treatment evaluations. For the majority of the cases, post-void residual was reduced and leak point pressure was within normal ranges following surgery. Quality of life was improved and patient satisfaction was nearly universal. To date, the postoperative complication rate is less than 10% and all events were resolved within one week of treatment. **Conclusions:** Early investigation with this bipolar laparoscopic probe provides results comparable to the conventional Burch procedure when treating patients with a long history of female stress urinary incontinence. This minimally invasive technique is safe, technically less challenging than the traditional Burch, and treatment effect is durable.