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# Abstract Reproduction Form B-1

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Title (type in CAPITAL LETTERS): DEFINITION OF TENTION DEGREE OF PUBO VAGINAL LIGATURES WNEN PERFORMING PUBO VAFINAL URETHROCERVICOPEXY OR SLING PLASTIC PROCEDURE IN WOMEN WITH STRESS URINARY INCONTINENCE (SUI)

**AIMS OF STUDY**: Among the surgeons occupied in women's stress incontinence treatment, for now there is no uniform judgement concerning the reasons of micturition violations after urethrocervicopexy and pubo-vaginal sling-plastic procedures. A number of authors [2] consider, that in 5-7 % of patients after urethrocervicopexy and in 4-10 % after pubo-vaginal sling-plastic procedures, urethral obstruction appears, requiring repeated surgical operations - urethrolisis. Apart from this, another reason of the severe urethral dysfunction after these interventions is vesicle tenesmus and permanent urge incontinence, occurring in 8 -25 % of cases, that is more often than urinary retention. Many authors [4,5] use urethrolis after the surgical correction of SUI. However the research of some authors [1,3] shows, that colpocystourethropexy does not cause obstruction, but restores normal or close to normal detrusor pressure during micturition. We consider that the reasons of voiding difficulties after operation are not only the violations of vaginal wall elasticity, but also the absence of objective monitoring of the tension degree in fixing ligatures.

**MATERIAL AND METHODS**: We selected a group of 41 patients with history of urinary incontinence. Age ranged from 43 to 69 years (mean 56), parity 1-4 (mean 3) and weight from 47 - 96 Kg (mean 64 Kg). All patients were fully tested urodynamically, went through x-ray examination at rest and strained position. All patients had 2 B type by the McGuire SUI classification. All patients underwent urethrocervicopexy with the use of vaginal flap as a closed loop under bladder neck. However, intraoperatively we fixed temporary pubo-vaginal Prolene ligatures, with the help of peripheral devise developed by us - the "devise of temporary ligature fixing", application □ 99102452. Pubo-vaginal ligatures are tightened up to a necessary level, ensuring the adequate anatomic position of the bladder neck and fixed. At the 3-4 th day after the operation, when usually swelling disappears in the area of the bladder neck and periurethral tissue, we remove the urethral catheter, and pubo-vaginal Prolene ligatures are fastened under control of the combined urodynamic investigation – cystourethrometry, pressure\flow, rest- and stress-urethroprofilometry evaluation, where we estimate transmission factor (TF %) and transmission ratio (□R), and also determine the Valsava Leak Point Pressure (VLPP) with the help of the Urodynamic System "Ellips-4" "ANDROMEDA". When these parameters testify the normalization of voiding, we produce final fixing of pubo-vaginal Prolene ligatures, that is going on the strictly individual basis, if the transmission factor is restored (TF - 35-49 %) and there is no leakage due to the provoking tests, Valsava maneuver in sitting and standing position. And also under condition of physiological (*nonobstucted*) voiding restoration, when the detrusor pressure at the peak flow does not increase 45 □□ □2□, and abdominal pressure is not more than 25 cm□2□.

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**RESULTS**: In all 41 patients in the nearest postoperational period all patients urinated independently, and required no intermitted catheterization, no leakage was noted also. Only 2 (4,9 %) patients had urgency 6 months after operation and 1 had inconstant symptoms of incontinence in stress. 1,5 year after operation 38 (92,7 %) women had normal voiding, involuntary urine losses were not marked. Only 3 (7,3 %) patients had incontinence due to the persistent detrusor instability.
**CONCLUSION**: Consequently the pubo-vaginal binding in the long-term postoperational period under the urodynamic control allows to achieve the optimal anatomic position of the urethra, with which the perfect vibration transfer of abdominal vibrations is executed, and in every patient individually individually normal physiological voiding after operation is restored. It will allow to improve operation results in the patients with SUI, and also to avoid a number of negative consequences frequently occurring after operation: chronic urine retention, absence of spontaneous voiding, urge incontinence.

**REFRENCE:**

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