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Author(s):	CD Hall, GC Gunn, EJ Stanford, JK Nguyen, NN Bhatia
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Institution	Harbor-UCLA Medical Center
City	Torrance, CA USA
Country	Double Spacing
Title (type in CAPITAL LETTERS)	MODIFIED BURCH COLPOSUSPENSION: COMPARATIVE OUTCOMES OF OPEN, LAPAROSCOPIC, AND MINI-INCISIONAL APPROACHES

Aims of Study: To determine (i) the effectiveness of single suture placement during Burch colposuspension and (ii) to compare the clinical outcomes of patients undergoing an open, laparoscopic, or a mini-incisional approach to Burch colposuspension.

Methods: Prospective, non-randomized study of women with genuine stress urinary incontinence who underwent a Burch colposuspension between January 1993 and December 1998. All patients had urethrovesical hypermobility on Q-Tip testing and demonstrated an immediate non-sustained loss of urine with cough that was corrected with elevation of the bladder neck. All patients also had an office cystometrogram, and if they demonstrated detrusor instability, had multichannel urodynamic testing to document GSUI. Patients then underwent modified Burch colposuspension using a single helical suture on each side of the urethrovesical junction. A free suture technique was utilized in the open procedure; and endoscopic suturing device was utilized in the laparoscopic or mini-incisional cases. Patients were followed prospectively for evidence of failure or recurrence. Before October 1996, patients underwent postoperative CMG if they complained of any recurrent incontinent episodes. After October 1996, all patients had a simple CMG and pad testing at 3 months postoperatively. Surgery was considered a success if patients had no incontinence, minimal incontinence occurring less than twice a month, or mild incontinence occurring 1-2 times per week, rarely requiring pads, and not considered to be a problem by the patient. In other words, surgery was considered successful if the patients did not have postoperative incontinence according to the ICS definition. Any incontinence exceeding that stated above was considered a failure if occurring within 3 months of surgery, or a recurrence if it appeared after 3 months.

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Results: 174 women were surgically treated by the modified Burch colposuspension. Records of seven patients were incomplete or unavailable for review. 38/167 women were treated with a traditional open approach. 70/167 women were treated with the laparoscopic approach and 59/167 underwent Burch colposuspension via mini-incisional approach. The three groups were statistically similar in regard to age, parity, previous incontinence surgery, and previous hysterectomy. Patients who underwent the open or laparoscopic approaches had longer lengths of follow-up than those who had the mini-incisional procedure (mean: 36 and 31 months versus 15 months). Surgery was successful in 92.1% of patients who had the open approach, 80.0% of patients who had the laparoscopic approach, and 98.3% of those who underwent the mini-incisional procedure. These differences were not statistically significant. There were a total of 11 complications, evenly distributed between the three groups which included 3 cystotomies, 4 preperitoneal hematomas; 2 of which required reoperation, 2 incisional hernias (one open, one at the lateral port site for concurrent salpingo-oophorectomy), and urinary retention requiring takedown in one patient.

Conclusion: The traditional Burch colposuspension and its modifications reported in the literature all use 2-3 pairs of sutures and report success rates of 83-85% at 1-5 years [1]. Our technique of Burch colposuspension using a single helical suture on each side of the bladder neck demonstrates comparable success in correcting stress urinary incontinence, whether it is performed with an open incisional approach, a laparoscopic approach, or a mini-incisional approach. Complication rates are low with all three approaches.

[1] The Burch Procedure: A Comprehensive Review. *Obstet Gynecol Survey* 1998;54(1):49-60.