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Title (type in CAPITAL LETTERS): THE BRIGHAM SLING - A RELIABLE, AUTOLOGOUS, ENDOSCOPIC TREATMENT FOR FEMALE STRESS URINARY INCONTINENCE

Aims of Study. There has been a recent increased interest in sling procedures because of the disappointing results of needle suspension techniques. We report our experience with the Brigham Sling, a procedure we developed to combine the advantages of fascial sling support with the decreased morbidity of needle suspension techniques.

Materials. The procedure involves harvesting a 1.5 x 4.0cm strip of rectus fuscia through a Phannenstiel incision. A small anterior vaginal incision is made approximately 1cm proximal to the urethral meatus and the urethra and bladder neck are mobilized up to, but not through the endopelvic fascia. The fascial strip is then positioned as a "hammock" beneath the urethra employing Staney needles as one would do with any needle suspension surgery.

Results. Sixty-three females, ages 25 to 84, have undergone a Brigham Sling for female stress incontinence. The follow-up ranges from 7 to 67 months (mean 35.8 months). The patients have been evaluated by a postoperative office Marshall test and a blinded patient questionnaire. Eighty-seven percent of the patients report requiring no pads or protection. Furthermore, as opposed to synthetic slings, there were no urethral erosions and no sling had to be removed due to infection. One superficial ward infection was treated successfully using oral antibiotics.

Conclusion. The Brigham Sling successfully incorporates the advantages of autologous tissue and minimally invasive surgical techniques to treat female stress incontinence. As length of follow-up continues to accrue, the results appear to be durable.