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### Abstract Reproduction Form B-1

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Title (type in CAPITAL LETTERS)	RISKS AND BENEFITS OF USING ALLOGRAFT FASCIA LATA FOR PUBOVAGINAL SLINGS

**Aims of Study:** To evaluate operative time, postoperative pain, disability, efficacy and safety associated with the use of allograft fascia lata for pubovaginal sling (PVS).

**Methods:** We retrospectively analyzed our experience during a 33-month period with patients treated with PVS for genuine stress urinary incontinence (GSUI). We compared allograft fascia lata obtained from licensed tissue banks to autograft fascia harvested from either rectus abdominus or fascia lata. We evaluated operative time, postoperative pain, length of hospitalization, complications, cure and satisfaction rates. Postoperative pain was graded (0-10) using the verbal numerical scale (VNS). A third party performed a telephone interview using a standardized questionnaire to obtain satisfaction rate and length of convalescence. Cure was defined as being continent and pad free.

**Results:** A total of 140 consecutive women underwent PVS (65 allografts and 75 autografts). The median age was equal in each group (54) although the median follow-up was shorter in the allograft cohort (12 versus 27 months). The use of allografts resulted in an 83% decrease in the median amount of postoperative pain (1 versus 6). The use of allografts also resulted in a 50% reduction in median operative time (1 versus 2 hours), length of hospitalization (1 versus 2 days) and convalescence (3 versus 6 weeks). Cure and satisfaction rates were high in both groups (>88%). No unique complications were attributed to the use of allografts.

**Conclusions:** The use of allograft fascia lata for PVS results in a significant reduction in operative time, postoperative pain and disability without compromising short-term efficacy. No specific complications were attributed to the use of allografts.