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Title (type in CAPITAL LETTERS)	BONE ANCHORED PUBOVAGINAL SLINGS: VAGINAL WALL SLINGS VS MODIFIED PUBOVAGINAL SLINGS USING POLYPROPYLENE MESH. OUTCOME, QUALITY OF LIFE ANALYSIS AND COMPLICATIONS

Aims of Study: To report preliminary results comparing bone anchored vaginal wall slings (BVWS) and bone anchored pubovaginal slings with polypropylene mesh (BPPM) to treat stress urinary incontinence (SUI). We compare success rate, quality of life assessment related to urinary symptoms (QLA) and complications.

Methods: We retrospectively reviewed the charts of 48 patients who between November 1995 and May 1998 underwent BVWS (n=19) or BPPM (n=29). Preoperative evaluation included history and physical examination and multichannel Videourodynamics. Either procedure was offered to patients with either Type 2, Type 3 or Type 2/3 SUI. Most patients underwent concomitant cystocele, rectocele or enterocele repair. Success rate was defined as being totally continent or rare incontinence not requiring protection. Quality of life assessment (QLA) (0, excellent - 19, poor) was performed using a standardized five-point questionnaire pre and postoperatively. Complications assessed included persistent SUI (PSUI), de novo urgency (DNU) and de novo urge incontinence (UI), persistent urge incontinence (PUI), urinary retention (UR, defined as inability to void 3 months postoperatively without a catheter), urinary tract infections (UTI) <1 month postoperatively, neovaginal prolapse (NVP), wound infections, urethral erosions (UE) and osteitis pubis (OP). All complications were determined during postoperative follow-up visits and telephone surveys. Statistical analysis included means, medians, Chi square analysis and Wilcoxon rank sum testing.

Results: The success rate for BVWS vs BPPM were 95% (18/19) and 83% (23/29) (p=0.14). Mean follow-up was 17.7/19.7 months (range 6 to 69 months)(p=0.08). Mean age were 64/66 years (p=0.88) Pre and postoperative median QLA were 12/12 (p=0.97) and 3/5 (p=0.16). Complications included PSUI 5/17% (p=0.22), DNU 10.5/3.4 % (p=0.42), UI 5/3% (p=0.76), PUI 0/14% (p=0.09), UR 0/0%, UTI 0/21% (p= 0.03) and NVP 5/3% (p=0.76).

There were no cases of wound infection, urethral erosion or osteitis pubis.

Conclusions: Our study demonstrates that both procedures have an excellent success rate, improvement in quality of life assessment and a low complication rate. Should the long-term results remain the same either procedure with bone anchors could be used to treat SUI.