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Title (type in CAPITAL LETTERS): **LAPAROSCOPIC BLADDER NECK SUSPENSION USING A COMBINATION OF MESH AND STAPLERS: SHORT-TERM CURE RATE AND COMPLICATIONS**

With the advances in laparoscopic technology ,specially when is applied to the extraperitoneal space , the increased proficiency of the surgeon in laparoscopic suturing techniques and a less morbid postoperative course for the patient , the laparoscopic approach to the management of genuine stress incontinence (GSI) has increased in popularity. Numerous attempts at simplifying surgical suturing , have led to the development of different techniques using various instruments such staplers , mesh, etc.

Aims of the study : To evaluated the early outcome of the laparoscopic bladder neck suspension using a combination of mesh and staplers , as described by OU (1).

Methods : 51 patients were treated with a laparoscopic extraperitoneal bladder neck suspension using marlex mesh (2 cm wide and 5 cm long) ,fixed with staples ,since May 1996 to June 1998. Urodynamic investigation was performed in all patients preoperatively , proving stress incontinence, all patients had hipermobility stress incontinence and suffered incontinence for more than 5 years . The operation was performed using general anesthesia and the patient was placed in the dorsolithotomy position with both legs supported in stirrups. The acces to the Retzius space was performed using a disector ball , the paravaginal fat was removed and the pubocervical fascia was identified on both sides of the urethra with the index finger of the surgeon placed in the vagina , the mesh was fixed to the fascia with 2- 3 staples at the level of the urethrovesical junction, at least 2cm lateral to these structures and suspended to the Cooper's ligaments by 2-3 more staples. Care is taken to archieve adecuate support without excessive tension to avoid hipercorrection. Evaluation of postoperative outcome was performed with symptoms questionnaire , physical exam and urodynamic evaluation , six moths after operation and every year with pad test , symptoms questionnaire and physical exam .

Results : Evaluation of 51 patients , aged 33 to 72 years (mean 50,4) was performed after a follow-up period of 6 - 30 months (mean 17, 2). The overall postoperative success-rate after this period was 86 % with 78% of the patients completely dry and 8 % significantly improved. In 40 % of the patients a posterior repair was

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performed . The mean operating time was 70,5 minutes (30-100). Two cases needed a laparothomy (one case for vesical laceration).

Postoperative minor complications were, prolonged pain in 5 (10%) and transient urinary retention or residual urine in 3 % of the patients .

Conclusions: The early results suggest that the of the extraperitoneal laparoscopic bladder neck suspension using a combination of mesh and staplers is a safe and effective treatment for primary hipermobility stress incontinence. Further follow-up is necessary to evaluate the long-term success of this technique in our group of patients

References

(1) Ou CS , Presthus J , Beadle E: Laparoscopic bladder neck suspension using hernia mesh and surgical staples. J Laparoesndosc Surg 1993, ·:563-566