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# Abstract Reproduction Form B-1

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Title (type in CAPITAL LETTERS): ABOUT 1203 SLINGLIKE COLPOSUSPENSIONS TREATING URINARY STRESS INCONTINENCE

**Aims of study:** The authors present the surgical principles incorporated in the slinglike colposuspension procedure, which gives excellent results in the surgical treatment of urinary stress incontinence.

**Methods:** Aiming to improve the surgical results and to decrease the obstructive postsurgical complications, due to currently used techniques, an original technical procedure - slinglike colposuspension - was elaborated in 1968. The principle of the procedure is based on "The theory of the not permanently acting suburethral supportive structure", by which, the surgery of the urinary stress incontinence should not produce any compression, elevation, angulation, distortion, elongation or stenosis of the urethral canal, appearing during rest and micturition, but create only a resistant, long lasting "bar" under the proximal urethra, over which this canal should be compressed during its dorso-caudal physiologic displacements, associated with increased intra-abdominal pressure conditions. In the matter of fact, the operation, essentially, creates a sling, composed of two parts:

- Medial, suburethral part, piece of autochthonous tissue encompassing, vaginal wall together with Halban's fascia and pubocervical fascia (paraurethrium and urethro-vaginal septum), about 1 cm wide and 2-4 cm long: elastic and resistant bar.
- Lateral part is built of heterogeneous nonresorbable material - three 00 Mersilene sutures, connecting both sides of the medial part to Cooper's ligaments. The length of this part varies from 2-8 cm depending on the grade and type of the associated cystoprolapse.

Technical realization profits the ideas of Marshall-Marchetti's procedure - sagital, paraurethral position of the sutures, of Pereyra's needle suspension - sutures going very close to the urethral canal (o,5 cm lateral of its wall), those of Burch's operation - attachment to Cooper's ligament, and those of sling operation - width of

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# Abstract Reproduction Form B-2

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the supportive structure about 1 cm. (three sagital, paraurethral sutures on distsnce of 0,5 cm). The supportive bar is located under the proximal urethra, just bellow the bladder neck - imitating the physiologic position of the cranial end of Shaw's posturethral ligament. Finally, the crucial part of the procedure, tension of the sling follows the principles of our theory: create a suburethral support, whose compressive effects should appear during increased intra-abdominal pressure conditions, only. The realization of this demand is very easy: tension applied on the Mersilene sutures should be identical to that applied during tying the subcutaneous tissue sutures - really without tension. In this way, the suburethral part of our "sling" comes in apposition to the urethral canal, but it will be activated only during its dorso-caudal physiologic displacements.

**Results:** In the period from 1968 till the end of 1998 a series of 1203 slinglike colposuspensions is registered, 956 of them followed more than 2 years (Table 1).It is clear, that only 61 patients (5,1 %) are submitted to the slinglike coslposuspension, as a procedure treating isolated stress incontinence. In other 1142 cases (94,9 %) the procedure is associated to different gynecologic operations aiming to treat genital prolapse or other gynecologic diseases.

Table 1. Associations of the slinglike colposuspensions to other procedures

| Type of procedure | number | percent |
|---|---|---|
| Slinglike colposuspension (SC) alone | 61 | 5,1 |
| SC + total abdominal hysterectomy (TAH)with correction | 576 | 47,9 |
| SC + TAH + abbreviation of utero-sacral ligaments | 203 | 16,9 |
| SC + TAH + abdominal repair of the vagina | 89 | 7,4 |
| SC + lombo-sacral genitosuspension | 274 | 22,7 |
| Total: | 1203 | 100,0 |

The incidence of complications is 6 cases of wound infection,3 pulmonary embolus but no one death case. In the series of 956 two years followed patients,t he recurrency rate is 2,9 % and postoperative recto-elytrocele in 9,1 % of cases.

**CONCLUSION:** Slinglike colposuspension represents a very successful and save operative procedure for treatment of urinary stress incontinence, which promote the exactness of our "Theory of the not permanently acting suburethral support".