

**Abstract Reproduction Form B-1**

Author(s):	S. Madjar, A. Condrea, S. Halachmi, M. Wald, E. Issaq, B. Moskovitz, M. Beyar, Double Spacing O. Nativ.
Institution City Country	Bnai Zion Medical Center, Haifa, Israel. Double Spacing
Title (type in CAPITAL LETTERS)	BONE ANCHORED PUBOVAGINAL SLING FOR THE TREATMENT OF STRESS URINARY INCONTINENCE

**Aims of Study** This ongoing study is designed to evaluate a minimally invasive sling procedure performed exclusively per vagina as a treatment for genuine stress urinary incontinence. The pubovaginal sling made of synthetic material is hooked to the pubic bone by an anchoring device.

**Methods** Sixty two women aged 35 to 78 years (mean 56.7) with genuine stress urinary incontinence underwent the procedure using the In-Fast™ Bone Anchor System (Influence, Inc., San Francisco, CA). A miniature anchor (screw) with prethreaded no. 1 polypropylene suture was deployed directly into the pubic bone on each side of the bladder neck, lateral to the urethra. An incisionless approach, in which a submucosal tunnel was created by passing a right angle clamp from one vaginal opening to the contralateral one was used. The synthetic sling (gelatin coated dacron), 5 cm. long with four holes at its edges, was placed at the bladder neck region and its edges were fixed to the pubic bone by tying the anchored polypropylene sutures to the maximum.

**Results and Conclusions** With a follow-up period that ranged from 1 to 19 months (mean 10.5 months), 55 patients (88.7%) were completely cured, four patients (6.4%) improved and three patients failed early following surgery. The procedure was uneventful in all patients and postoperative complications were minimal. No case of overcorrection was recorded.

This minimally invasive, exclusively per vagina, pubovaginal sling procedure is safe and effective. The fixed length of the sling attached to the bone anchors deployed below the Cooper's ligament, creates a diamond shape space. This space is large enough to avoid overcorrection and hence urinary retention yet allows good suspension for the bladder neck for continence to be achieved.