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Title (type in
CAPITAL
LETTERS)**MANAGEMENT OF IATROGENIC URETHRAL OBSTRUCTION
WITH TRANSVAGINAL URETHROLYSIS AND VAGINAL
PATCH INTERPOSITION**

Aims of Study: Urethral obstruction develops in approximately 5 – 20% of patients following surgery for stress urinary incontinence. Urethrolisis, either alone or concurrent with other forms of sling release with or without bladder neck resuspension, has been the mainstay of therapy for this problem. Post- urethrolisis incontinence and bladder outlet obstruction occur in 0 to 20% and 15 to 23% of the patients, respectively. The purpose of this investigation was to evaluate the success of vaginal patch interposition with concurrent urethrolisis in patients suffering from urethral obstruction following surgery for SUI.

Methods: A retrospective chart review was performed on 12 patients who had undergone transvaginal urethrolisis with vaginal patch interposition (TUVPI) between 1994 and 1998. Indications for the above procedure included urethral obstruction, pain, and irritative voiding symptoms following an anti-incontinence procedure. Preoperative assessment included a history and complete pelvic examination, and video fluorourodynamic studies. The procedure consisted of development of the submucosal / periurethral space, complete urethrolisis, and use of 1-2 X 1-2 cm vaginal mucosa to place between the divided sling fascia.

Results: A successful outcome with complete resolution of symptoms or significant improvement was achieved in 84% of the patients. Post TUVPI recurrent stress incontinence occurred in 16% of the patients. All of the patients had satisfactory resolution of the obstructive component. Forty one percent of the patients had persistent, however milder, irritative voiding symptoms which were adequately controlled with combination of newer anticholinergics and transvaginal stimulation.

Conclusion: Transvaginal urethrolisis with vaginal patch interposition is an effective treatment for voiding dysfunction following an anti incontinence procedure.

- 1) Ghoniem GM, Hassouna ME: Bladder neck prop using vaginal wall island for intrinsic sphincter deficiency in elderly patients; a new technique. Urology 52 (4) 668-671,1998.