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CAPITAL
LETTERS)**SIMPLE SUBURETHRAL SLING USING CADAVERIC FASCIA**

Aims of Study: The use of slings for Types II and III stress urinary incontinence has increased recently mainly because of reported excellent long-term results. However, the need for a simplified sling operation is more pressing. Herein, we report a simplified procedure to perform modified pubovaginal sling using human cadaveric fascia lata (lyophilized or Tutoplast® Mentor).

Technique: Two small incisions parallel to the bladder neck are preferred. A tunnel is created between the vaginal wall and vesicourethral angle. The endopelvic fascia is dissected laterally, and the retropubic space is opened for a finger breadth. Two stab incisions are made in the suprapubic area, and the Raz needle and suture carrier is passed to the vagina guided by the index finger. The cadaveric sling (5x2 cm) is prepared on the back table while anesthesia is administered. One prolene suture is placed on each side of the sling in a helical manner. The ends of the suture are brought to the suprapubic area. The sling is fixed in 4 quadrants using 00-polyglycolic sutures. The vaginal incision is closed, and the suprapubic sutures are tied over teflon pledgets. Tension is adjusted using Q-tip.

Material: Thirty-five female patients, average age 44 years, underwent this procedure. Twenty-five had Type II SUI, and 10 suffered from Type III SUI. Pre-op evaluation revealed DI in 3 patients. Average hospital stay ranged from 0 (sling alone-same day) to 3 days (with concomitant procedures). Average follow-up is 8 months (6-12). Urethral catheter was removed in 3-7 days.

Results: Thirty-one patients are dry postoperatively (88%), and 4 (12%) improved (using \leq one pad per day). Voiding difficulties were experienced by 6 patients for up to 3 weeks and by 1 patient for up to 9 weeks. None of the patients had urinary retention. De novo DI, easily controlled by anticholinergics, appeared in 4 patients.

Conclusion: Simplified suburethral sling using cadaveric fascia is possible with excellent results. Long-term studies are needed. The procedure can be performed on an outpatient basis if no other concomitant pelvic surgery is planned.