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Title (type in CAPITAL LETTERS, leave one blank line before the text) HOW TO CONSTRUCT A NON-OBSTRUCTIVE SLING BASED ON BODY WEIGHT <u>Aims of Study.</u> To assess the outcomes results of the 6-point fixation and weight-adjusted spacing nomogram for performing sling surgery without causing urethral obstruction <u>Methods.</u> Between July 1997 and April 1999, 50 women with stress incontinence underwent implantation of Gore-tex sling. Preoperative evaluation included urodynamics, cystoscopy, Q-tip test, and cough stress test. The intraoperative sling tension was gauged using the 6-point fixation technique and weight-adjusted spacing nomogram based on the patient's ideal body weight. Postoperatively, an outcomes analysis was performed using cough stress test, Q-tip test, pelvic examination and validated patient satisfaction questionnaires. Urodynamic studies were performed for women with persistent urinary incontinence. <u>Results.</u> The mean follow-up was 24 months (range 7-28). The mean age was 58 years (range 29-87). Stress incontinence was objectively cured in 47/50 patients (94.0%) and subjectively cured in 49/50 (98%). The mean pad use decreased from 3.2 pads/day to 0.5 pads/day. Transient de novo urge incontinence was experienced by 1/23 (4.3%) patients. Preoperative mean resting and Valsalva Q-tip angle was 0° (range 0 to 5) and 65° (range 0 to 85). Postoperative mean resting and Valsalva Q-tip angle was 0° (range -5 to 5) and 15° (range 0 to 25). The mean time to suprapubic tube removal was 7 days (range 1-21). No patients experienced urinary retention or urethral obstruction. The mean satisfaction score was 9/10 (range 7-10). Of the group, all (50/50) replied they would undergo surgery again. <u>Conclusions.</u> The use of the 6-point fixation technique and the weight-adjusted spacing nomogram is simple and easy to reproduce. Proper combination of these two techniques allow for a successful sling outcome without urethral obstruction.

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