Author(s)

Mr Roland Morley, Mr Tom Creagh

Institution, city, country

Kingston Hospital NHS Trust, Kingston, Surrey, UK

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VESICA PERCUTANEOUS BLADDER NECK SUSPENSION: A TWO YEAR FOLLOW UP

Aim of Study

Many techniques have been described for the treatment of genuine stress incontinence.Minimally invasive techniques have been described, but long term follow up data is limited for these techniques. Our paper describes a variat on a Stamey technique, the Vesica percutanous bladder neck suspension, with a minimum 18 month follow up.

Method.

Between August 1996 and May 1998 18 patients had a Vesica bone anchor Percutaneous Bladder neck Suspension (PBNS) carried out for stress incontinen using the Boston Microvasive System. All patients had genuine stress incontinence with no proven detrussor instability. Subjective follow up of th results were at 3 months in out patients, and at 2 years by postal questionna using a modified Bristol Incontinence quality of life questionnaire. The over outcome being graded as worse, no change, improved and dry. A note was also taken of complications and any further necessary procedures.

Results.

At 3 months 1 patient had been lost to follow up, 7 were dry, 4 improved, 5 h no change in their symptoms and 2 were worse. At mean follow up of 2.4 years (range 18 months - 40 months), 3 patients remain dry, 6 are improved, 7 had n change in symptoms and 2 were worse. Of the patients who had failure at 3 mon 1 underwent a retropubic colposuspension and is now dry. 3 patients required Contigen injections and are now significantly improved. Fourteen patients voi at 72 hours and all patients voided spontaneously by two weeks although one h a residual of greater than 200 mls.Two patients(11%) developed de novo urgency.One patient has bone discomfort.

Conclusion.

In this study only 3 out of 18 (16%) patients remained dry at 2 years.This technique, like many minimally invasive percutaneous techniques, has a poor long term success and should be abandoned in routine use.