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**VESICA IN SITU VAGINAL WALL SLING REPAIR FOR STRESS INCONTINENCE
- A TWO YEAR FOLLOW UP**

Aims 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 minimally invasive sling, the Vesica In Situ Vaginal Wall Sling, with a minimum 2 year follow up.

Methods:

Between August 1997 and August 1999, 28 patients underwent a minimally invasive in situ vaginal wall sling using percutaneous suprapubic bone anchor fixation using the Vesica kit as supplied by Boston Scientific. Urodynamically intrinsic sphincter deficiency was excluded. Six patients had previous surgery and 8 patients had preoperative urgency of which 3 had detrussor instability. All patients had a voiding trial at 48 hours. Subjective follow up of the results were at 3 months in out patients, and at 2 years by postal questionnaire using a modified Bristol Incontinence quality of life questionnaire. The overall 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, 22 women were dry (76%) and 3 were improved. At two years, 19 (68%) were dry, and 4 improved. Five were wet (18%). Three patients had initial voiding problems but none lasted longer than one month. Bone pain was a feature in six at three months but only two at two years, One of these suffered osteomyelitis and required pubic debridement. Urgency was a problem in only six patients at two years.

Conclusions

The in situ vaginal wall sling appears to be a durable procedure, comparable to the Burch Colposuspension, which is minimally invasive. However, bone pain is a feature and takes time to settle. Care should be taken to avoid bone infection. Five year data is required to assess its role in the long term.