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Title

TRANSVAGINAL RETROPUBIC URETHROPEXY FOR GENUINE STRESS INCONTINENCE

Aims of Study An outcomes study was performed to define the safety and efficacy of a new retropubic urethropexy done transvaginally for the treatment of genuine stress incontinence, using a novel transvaginal push and catch suturing device (Capio CL®)

Methods Patients with genuine stress incontinence with urethral closure pressures over 20 cm H2O underwent the transvaginal retropubic urethropexy Preoperative workup included history, physical examination including a neurological examination, Q-tip test and multichannel urodynamics studies Postoperative urodynamics were done routinely at 14 weeks Subjective outcomes were assessed by visual analog scales and interview Objective outcomes were assessed by standing stress testing at maximum cystometric capacity, and urethrocystometry The retropubic space was approached through a midline incision or periurethral incisions on the anterior vaginal wall Once entered, the Capio CL® device was used to delivery two monofilament sutures through each Cooper's ligament One end of each suture was attached to the periurethral fascia and vaginal wall at the level of the bladder neck and mid-urethra respectively. Both of these sutures were also attached to the lateral wall of the vagina in order to close the created paravaginal defect Gelfoam was placed in the space to aid in scarring, and the sutures were then tied down A Q-tip placed in the urethra was used to guide suture tension when placing the knots, to approximately zero degrees

Results· Twenty-eight women were operated on between October 1, 1998 and December 15, 1999 Mean hospital stay was 2 days At a mean follow-up of 8 2 months (range 4-17mos), 24 patients (86%) were cured of their stress incontinence Of the remaining 4 patients, one had detrusor instability only on postoperative urodynamics Thirteen of 23 (56%) patients with preoperative urge incontinence have resolved postoperatively Two asymptomatic recurrent cystoceles have been seen thus far, and no enteroceles have been noted Complications included one hematoma requiring drainage, and one patient with necrotizing fasciitis from the suprapubic catheter site

Conclusions The transvaginal retropubic urethropexy allows for treatment of genuine stress incontinence concomitantly with vaginal reconstructive procedures, without the use of an additional abdominal incision Cooper's ligament is a well studied and proven point of suspension for a retropubic urethropexy, which can be easily accessed transvaginally with the Capio CL® device More objective data over a longer period of time will be acquired to assess the efficacy of this new technique

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