ANTERIOR VAGINAL WALL SLING FOR STRESS URINARY INCONTINENCE: EFFICACY AND OUTCOMES OF AT LEAST 2 YEARS FOLLOW-UP

Aims of Study: The vaginal wall sling was introduced by Raz as an effective and less-morbid alternative to fascial or synthetic slings for the treatment of female stress urinary incontinence. We present our clinical outcomes of anterior vaginal wall sling (VWS) with at least 2 years follow-up in order to determine its long-term efficacy.

Methods: From November 1994 to August 1997, 103 women with stress urinary incontinence underwent VWS. Seventy-two patients were available for the evaluation of at least 2 years follow-up. Preoperative evaluation included voiding cystourethrogram, urodynamic study, cystoscopy and incontinence staging with subjective SEAPI classification (S=stress incontinence, E=emptying ability, A=anatomy, P=pad usage, I=instability). Postoperative subjective SEAPI outcome measures, assessment of complications and current satisfaction of surgery were checked on a 3-month basis. The mean age of the patients was 50 years and mean valsalva leak point pressure (VLPP) was 59.1 cmH₂O. Of the patients 51 (71%) patients had VLPP of less than 60 cmH₂O and 21 (29%) more than 61 cmH₂O.

Results: Follow-up ranged from 24 to 45 months with a mean of 36. At follow-up of 3 month after operation, all of the patients reported no stress urinary incontinence. At last follow-up the cure/dry (S=0) rate was 72.2% (52 Pts). The current satisfied rate of surgery was 71%. No preoperative demographic factors, age, symptom duration, VCUG type, or the VLPP et al. could reliably predict the cure. De novo urge incontinence was noted in 6 (8.3%) of the patients. Complications included: urinary tract infection 5 (6.9%), blood transfusion 3 (4.2%), wound infection 2 (2.8%), bladder injury 1 (1.4%), and chronic urinary retention more than 1 month 11 (15.3%). In three patients, suspension material was removed due to more than 3 months of urinary retention.

Conclusions: The cure/dry rate of VWS is 72.2% over 2-years follow-up. We should be aware of recurrence rate of 28% that is considerably high compared to the short-term follow-up. Although the evaluation of the effectiveness of VWS requires longer follow-up, we can’t affirm that vaginal wall sling is an effective and reliable procedure with this results.