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Title (type in CAPITAL LETTERS, leave one blank line before the text) HIGH FAILURE RATE OF USING ALLOGRAFT FASCIA LATA IN PUBOVAGINAL SLING SURGERY FOR STRESS URINARY INCONTINENCE
<u>Aims of study:</u> Allograft fascia lata as a sling material is attractive for less pain, shorter operation time and reported equal effectiveness as autologous fascia.[1] However, we find that using allograft is not so promising. This paper presents our experiences.
<u>Methods:</u> 18 patients (mean age 51.7 years), who have stress incontinence due to urethral hypermobility with or without intrinsic sphincter deficiency (ISD) or ISD alone, received pubovaginal sling surgery between March 1999 and July 1999. Freeze-dried irradiated allograft fascia lata with a size of 7 X 2 cm was used as the sling. Each end of the allograft was anchored and bound with a 1-zero prolene suture, then was fixed over pubic tubercle separately. Outcome was evaluated with questionnaire survey. Failed cases were examined again with videourodynamic studies.
<u>Results:</u> All patients were followed for a mean of 9.2 months. 13 patients considered that the surgery was successful with a mean of 82.5% subjective improvement. 5(27.7%) patients had significant failure. One of them had pure ISD with mixed incontinence. Her mixed incontinence fully recurred 6 months following the surgery. Follow-up videourodynamic study showed a wide-opened bladder neck with minimal mobility, which was the same as before the surgery. Other 4 patients with urethral hypermobility had regained the same degree of stress incontinence within 3 months. Their maximal decent distances of the bladder neck after the surgery (mean 3.1cm) stayed similar as before the surgery (mean 3.0cm). One patient received second sling surgery using autologous rectus fascia. The previously placed allograft was found to become very friable. She is continent following second sling surgery. We formerly used autologous rectus fascia on 65 patients, who had been followed for a mean of 17.5 months. 62 patients reported that the surgery was successful with a mean of 82.1% subjective improvement. Only 3 (4.6%) patients had significant recurrent incontinence.
<u>Conclusions:</u> Freeze-dried irradiated allograft fascia is not reliable in pubovaginal sling surgery. High failure rate within a short period prohibits us to further use this material.
<u>Reference:</u> [1] Pubovaginal sling using cadaveric allograft fascia for the treatment of intrinsic sphincter deficiency. J.Urol., 160: 759, 1998.