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TREATMENT RESULTS OF 6-CORNER ANTERIOR VAGINAL WALL SLINGS IN PATIENTS WITH LARGE CYSTOCELE AND STRESS INCONTINENCE

Aims of Study: The clinical outcome of the 6-corner anterior vaginal wall sling(6-AVWS) in patients with stress incontinence with grade III cystocele and patient satisfaction were retrospectively evaluated

Methods: We studied 36 women undergoing 6-AVWS for stress incontinence with grade III cystocele. Preoperative symptoms, 1 hour pad test, urodynamic studies and perineal sonographic examinations were done. Of the patients 11(30.6%) had intrinsic sphincteric deficiency, Valsalva leak point pressure(VLPP) of less than 60 cmH₂O and 12(33.3%) had type II incontinence with urethral hypermobility and VLPP greater than 90 cmH₂O. The post colporrhaphy were performed at that time due to prevent post-operative occurrence of pelvic prolapse and improve the results of anti-incontinence surgery in 32(88.9%) patients. The database was obtained by a retrospective chart review and telephone interview.

Results: The patients were available for postoperative pelvic examination performed at 3-month interval, for a mean follow up 14.9 month (range 6 to 27). Thirty(83.3%) were cured or improved with the stress incontinence. Twenty six(72.2%) are currently satisfied with the urinary status. Twelve(33.3%) had urgency and urge incontinence which were affecting patient satisfaction. Only 2 patients had symptomatic grade II cystocele with stress incontinence and underwent a pubovaginal sling.

Conclusions: This study confirms that in patients with grade III cystoceles and stress urinary incontinence 6-AVWS effectively treats the incontinence and reduces the cystocele. Postoperative urgency and urge incontinence has affected the postoperative satisfaction.