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Title (type in CAPITAL LETTERS, leave one blank line before the text) THE ANALYSIS AND TREATMENT OF RECURRENT STRESS URINARY INCONTINENCE
<p>Aims of Study: The stress urinary incontinence (SUI) recurring after surgical intervention constitutes a problem for surgeon who is faced with dilemma of choosing a secondary surgical procedure and the best possible long-term success rate. The purpose of this study was to evaluate effectiveness of the anterior vaginal wall sling and pubovaginal sling with cadaver fascia lata procedure according to the evidence of bladder neck mobility by perineal sonography and the level of Valsalva leak point pressure (VLPP) in the treatment of recurrent SUI.</p> <p>Methods: Clinical, urodynamic, and perineal sonographic examinations were done on 27 women (mean age 57) suffering with recurrent SUI. The previous procedures were 20 cases of Raz suspension, 4 cases of Burch procedure and 3 cases of Kelly intervention. The evidence of bladder neck mobility was defined as greater than 12 mm by perineal sonography. The level of VLPP was divided into the 30 ~ 60 cmH₂O and less than 30 cmH₂O. Thirteen patients underwent anterior vaginal wall sling procedure which revealed the evidence of bladder neck mobility and the 30 ~ 60 cmH₂O of VLPP. Fourteen patients had undergone the pubovaginal sling with cadaver fascia lata procedure in the cases of severe vaginal scar formation, no evidence of bladder neck mobility or less than 30 cmH₂O of VLPP. The database was obtained by a retrospective chart review and telephone interview.</p> <p>Results: The cure rate at 24 ~ 48 months' follow-up was 92.3%(12 women) for anterior vaginal wall sling and 71.4%(10 women) for the pubovaginal sling with cadaver fascia lata. Four patients who had no bladder neck mobility and less than 30 cmH₂O of ALPP were failure.</p> <p>Conclusions: Both procedures offer an effective method for the treatment of recurrent SUI. But the prognosis of patients who had no bladder neck mobility and less than 30 cmH₂O were poor. So, We concern the exact preoperative estimation and prospect for the surgical procedure in the treatment of recurrent SUI.</p>