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THE EARLY EXPERIENCES OF DERMOFAT STRIP PUBOVAGINAL SLING

Aims of Study: Choice of sling material varies depend on surgeon's preference. Autologous fascial sling has advantages of less chance of infection, erosion, or rejection. However, some surgeons prefer synthetic sling in spite of its risk of complications, because autologous sling requires relatively longer operative time to harvest sling material from the other part of the body, to close incised fascial layer, as well as remarkable postoperative pain. We experienced good result of dermofat strip sling, which was harvested from incised skin with decreased pain and operative time.

Methods: Dermofat sling strips were used under complete informed consent. To get a sling patch, Pfannenstiel incision was done and dermofat strip was harvested excluding epidermal layer. The sling strip was applied to the dissected anterior vaginal wall with dermal side face to outward. Operative method was similar with conventional pubovaginal sling operation.

Results: We applied dermofat strip sling to 36 female incontinent patients. Mean age of patients was 56.3 years old. Among 36 female patients, 12 cases had anatomic incontinence, 20 had anatomic incontinence combined with ISD, and 4 had ISD. Mean postoperative follow up duration was 8.2(3-13) months. Subjective postoperative pain was not significant, and all of the patients were satisfied with their results. There were not any significant complications such as infection, erosion, migration or obstruction. None of those patients complained recurrence of incontinence to date.

Conclusions: The dermofat strip sling does not require fascial dissection, which causes significant postoperative abdominal pain and additional process to close the dissected fascial layer. Therefore it is helpful to minimize postoperative pain and overall operative time. Although long-term follow-up data might be required, this new technique could be a good alternative method that replace conventional fascial or synthetic pubovaginal sling.