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<p>Title (type in CAPITAL LETTERS, leave one blank line before the text)</p> <p>INCIDENCE OF RECURRENT STRESS INCONTINENCE IN WOMEN UNDERGOING THE MODIFIED PEREYRA PROCEDURE WITH AND WITHOUT CONCOMITANT SACROSPINOUS LIGAMENT VAULT FIXATION</p> <p><u>Aims of Study</u> To determine the incidence of recurrent stress incontinence in women undergoing the modified Pereyra procedure with and without concomitant sacrospinous ligament vault fixation</p> <p><u>Methods:</u> A retrospective analysis of 58 consecutive patients who underwent the modified Pereyra procedure for stress incontinence or mixed urinary incontinence was performed. Subjective cure was defined as no symptoms of urinary incontinence associated with activities involving straining or increased abdominal pressure. Objective cure was defined as no leakage of urine on standing cough stress test or dynamic urethral pressure profilometry. Patients were evaluated three to four months postoperatively and then yearly thereafter. All patients had urodynamic testing one year after surgery</p> <p><u>Results:</u> Thirty-four patients (59%) underwent the modified Pereyra procedure for stress incontinence. Twenty-four additional patients (41%) underwent the modified Pereyra procedure and concomitant sacrospinous ligament vault for stress incontinence and coexisting grade 2 or greater uterovaginal prolapse. Patients who had the modified Pereyra procedure had higher subjective (91% compared to 67%, <math>P = .038</math>) and objective (88% compared to 67%, <math>P = .057</math>) stress incontinence cure rates than patients who had modified Pereyra procedure and concomitant sacrospinous ligament vault fixation. The mean follow-up time was 25.3 months (range, 3-46 months). Ten patients (17%) had postoperative detrusor instability, five had symptomatic grade 2 anterior vaginal prolapse, and two patients who underwent sacrospinous ligament vault fixation developed recurrent grade 3 apical vault prolapse. Complications were infrequent and easily treated</p> <p><u>Conclusion:</u> Concomitant sacrospinous ligament vault fixation decreases the effectiveness of transvaginal needle suspension.</p>	

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