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INCISIONLESS URETHRAL COAPTATION FOR TIPE III URINARY STRESS INCONTINENCE

Aims of Study: The authror presents a new minimally invasive and outpatient surgical procedure for urinary stress incontinence (USI) in the female.

Methods: A total of 10 patients with recurrent USI underwent a percutaneous urethral cerclage . The procedure were carried out with the patients in the lithotomy position, under spinal anesthesia. A 16 F Foley catheter was introduced *per urethram* , the balloon inflated to facilitate the identification of the bladder neck, and a straight inserter was introduced in the catether. Using a modified Deschamps needle, was introduced percutaneously in the mid urethra, passing behind it, shaving the symphysis pubis and brought to the other side of the urethra. A number 00 propilpropilene thread was introduced in the eye at the tip of the needle and brought to the entrance orifice. Next, the modified Deschamps needle was introduced in the entrance orifice, passed anteriorly to the urethra and exteriorized in the exit orifice. The homolateral extremity of the hread was introduced in the eye of the needle and brought to the contralateral side, making a ring around the urethra. The same maneuvers were repeated at the distal third of the urethra, in order to grab the pubourethral ligaments. The threads are than tied around the urethra with no tension, just to achieve good urethral coaptation. The extremities of the threads are cut and the Foley catheter is left in place overnight.

Results: There were 9 patients completely cured (90%) and 1 patient had a significant improvement (10 %). There were no urethral perforation, erosion and urinary tract infections. All patients voided spontaneously within a week.

Conclusions: Percutaneous urethral cerclage is a simple and effective procedure in the management of recurrent stress incontinence, and may be an attractive option, should the good results obtained so far, prove to be long lasting.