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Title: A NEW DEVICE USING A MINIMALLY INVASIVE APPROACH IN THE TREATMENT OF FEMALE STRESS URINARY INCONTINENCE

Objective:

To describe the unique advantages of the SPARC Sling System for the treatment of female stress urinary incontinence.

Description Of Technique:

The SPARC Sling System consists of two stainless steel, curved, 22cm long, arc shaped needle passers, a 50cm x 1cm polypropylene mesh sling, covered by a plastic sheath and attached on each end to a dilating connector. The SPARC polypropylene sling is intended to remain in the body as a permanent implant. The procedure can be carried out under local, regional or general anesthesia. A small transverse incision is made in the anterior vaginal wall and two small transverse suprapubic incisions are made for needle entry. Each needle is passed through one of the suprapubic incisions, following the posterior of the pubic bone toward the vaginal incision. The index finger of the other hand is used to guide the needle through the endopelvic fascia. With the first needle in place, the second is passed the same way through the contralateral incision and cystoscopy is performed once with both needles in place. Attach the dilating connectors with attached sling to the needle ends protruding from the vaginal incision and pull the needles up suprapublically, position and tension the sling. The plastic sheath sling cover is removed one side at a time and the sling tension can be further adjusted using the removable suture attached to the sling.

Experience And Analysis:

This procedure was recently adopted by our institution as we found that the smaller size needles and suprapubic approach was easy to learn and allowed surgeons to more easily place the sling, avoiding potential injury to the bowel and major vessels that can occur with a vaginal approach. The suprapubic approach is a familiar approach and one that most pelvic floor surgeons are comfortable with.