

SPARC SYSTEM FOR THE TREATMENT OF FEMALE STRESS INCONTINENCE**Aims of Study**

Incontinence poses a significant problem for 10% of the female population with significantly negative effects on the patient's quality of life. The procedure's goal includes the treatment of stress incontinence as well as the improvement of quality of life. The already known TVT method meets these criteria, however, the amount of significant complications is increasing. We report about our initial results with the SPARC method which was first introduced in Europe at our clinic in 2001.

Methods

30 female patients with an average age of 58.4 years (36-91) participated in this study. The operations were performed using the SPARC procedure during workshops. 18 patients had genuine stress incontinence, 8 had recurrent stress incontinence and 4 had mixed incontinence. 24 patients had relevant pre-operations (16 patients had a previous operation in the small pelvis, 8 patients previously underwent incontinence operations). The average number of children was 2.3. 28 women had multiple births; 2 women without children. The duration of incontinence was on average 8.6 years. The diagnoses were established through anamneses, uro-gynecologic examinations, stress tests, pad tests, urodynamic testing and voiding diaries. 20 of the women (66.67%) had general anesthesia, 10 women (33.33%) had an epidural anesthesia.

Results

The average procedure time was 54.7 (32-94) minutes (on workshop basis). Seven (23.3%) patients had bladder perforations. One patient experienced post-procedure difficulties emptying the bladder; one experienced "tape gliding" which was remedied by easing the tape and re-connection of the tape. Other complications were not seen. The numbers of pads, the pad test, and the disturbance of well-being were reduced from 4.6, 24.3g, 71.7 pre-procedure to 0.07, 0.71g, 8.7 post-procedure. 29 (96.6%) women regarded themselves as continent. The objective, complete dryness is 83.33% (25 patients), 16.67% (5 patients) showed significant improvement.

Conclusions

The short-term results of the first SPARC study are comparable with the results shown with the TVT method. The advantages of the SPARC method lie in the optimal anatomical reference points and the significantly better technologies (instruments), which improve the accuracy of the tape placement and the safety of the patient. We performed the SPARC-procedure on workshop basis and therefore the average operating time is longer than usual. The bladder perforation rate reflects also the workshop style, but a bladder perforation causes no morbidity, you have to detect and correct it. The existing experiences, in comparison to the TVT method, cause us to choose the SPARC method as the method of choice for treatment of female stress incontinence.