

RESULTS OF THE CADAVERIC TRANSVAGINAL SLING (CATS) FOR THE TREATMENT OF STRESS URINARY INCONTINENCE

Aims of Study

To evaluate the outcome of nonfrozen, solvent dehydrated, cadaveric transvaginal sling with bone anchors in the treatment of patients with stress urinary incontinence (SUI).

Methods

251 patients, aged 33-90 years (mean 65 years) have undergone transvaginal placement of a non-frozen, solvent dehydrated cadaveric fascia as the sling material with transvaginally placed AMS Influence® bone anchors. Patients were followed up for a range of 6-44 months (mean 21 months). After an inverted U flap of anterior vaginal wall is mobilized, a 2x7 cm piece of cadaveric fascia lata is placed to support the urethra from the bladder neck to the proximal urethra. The endopelvic fascia is not routinely perforated. Outcome was evaluated using history, preoperative and postoperative physical examination, a confidential incontinence impact questionnaire, and SEAPI scores.

Results

66/251 (26%) of patients reported 100% improvement of their stress urinary incontinence, 134/251 (53%) were > 80% improved, and 168/251 (67%) were > 50% improved. Persistence urgency was noted in 39/251 (15%), and de novo urgency in 25 patients (10%). Mean SEAPI scores were 6.2 preoperatively and 2.1 postoperatively, presenting a significant decrease ($p < 0.0001$). Overall, 153/251 (61%) of patients were > 80% satisfied with the procedure on a visual analogue scale, and 67% would recommend the surgery to a friend. 58 (23%) reported <50% improvement. Of these 58 patients, 30 had mixed incontinence, 7 had urge incontinence, and 17 had stress urinary incontinence, and 4 patients were not clear regarding the cause of their dissatisfaction. Few late failures (10/58 17%) were reported and the majority of patients who had recurrence of incontinence had recurrence within 3 months after surgery. No unexpected postoperative urinary retention occurred. Complications included osteitis pubis in 2 patients without osteomyelitis and wound separation in 3 patients, which healed by secondary intention.

Conclusions

The results of cadaveric fascia with transvaginal placement of bone anchors for the treatment of SUI continues to be promising with few late failures.

*Mentor Tutoplast Suspend® Fascia

References

Cross C.A., Cespedes, R.D., McGuire E.J., Our experience with pubovaginal slings in patients with stress urinary incontinence. J Urol, 159, 1196, April 1988.

Winter J.C., Scarpero, H.M., Appell, R.A., Use of Bone Anchors in Female Urology. Urology, 56 Supp 6A, 15, Dec 2000.