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CADEVERIC FASCIA LATA SLING REPAIR – INITIAL RESULTS AT TWO YEAR FOLLOW UP

Aims of Study

Many procedures exist for the treatment of both primary and recurrent stress incontinence, and recently a plethora of minimally invasive procedures have been described to reduce morbidity. Until recently, sling procedures have been reserved for recurrent stress incontinence or for patients with intrinsic sphincter deficiency due to the increased morbidity of the procedure. The use of cadeveric fascia lata and modifications of the technique have significantly reduced the morbidity of the procedure and maintained their success rates. We describe our initial results with a minimum of two years follow up

Methods

28 patients (age range 36 - 78) have undergone cadeveric facia lata sling procedures for incontinence, performe as a sling on a string using a 10cm length of fascia lata(Tutoplast) supplied by Mentor Medical Systems and performed as per Webster. Fifteen were performed for primary stress incontinence and thirteen for recurrent str incontinence. All had urodynamically proven stress incontinence , and 5 had proven detrussor instability. All patients underwent voiding trials 36 hours post surgery.

Results

All patients have been assessed by pad test and quality of life questionnaire post-operatively. Follow – up ranged from 22 - 30 months (mean = 24 months). Mean operating time was 44 minutes(range 26 - 65). Fourteen of fifteen patients with primary stress incontinence are dry and the other patient improved.Ten of thirte Patients with secondary stress incontinence are dry with 2 improved and 1 no better; the latter patient had intrinsic sphincter deficiency and was the first patient operated on with this technique.Six patients(14%) had detrussor instability preoperatively and there was no increase in the incidence of instability post-operatively. Nineteen patients voided with residuals of less than 200mls at 36 hours; seven further patients were voiding with residuals of less than 200 mls at 2 weeks; 1 patient intermittently catheterised for 5 weeks and 1 patient had an indwelling catheter for 8 weeks before voiding spontaneously.

Conclusions

Cadeveric sling procedures for primary and recurrent stress incontinence are safe and effective procedures with relatively low morbidity in the short term. The operative time is short providing a good alternative to Colposuspension or tension free vaginal tape. Long term follow up data is required to determine the ultimate effectiveness of the procedure.