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XENOGRAFT PUBOVAGINAL SLING: OUR EARLY EXPERIENCE.

Aims of Study

The pubovaginal (PV) sling is the standard method of treatment for stress urinary incontinence (SUI) in many institutions. In our experience the major contributor to early postoperative morbidity is pain related to the incision in the lower abdomen, which limits patients mobility and often prolongs hospital admission. We obviated the need for this incision by introducing an alternative to rectus fascia, porcine collagen xenograft.

Methods

From April to December 2001, 31 patients underwent xenograft PV sling (group 1). Mean age was 49.5 years. Assessment at 6 weeks postoperatively included total postoperative analgesic requirements, length of hospital stay, return to normal activities and continence. All data was accrued prospectively and compared with a well-matched group who had previously undergone rectus fascia PV sling (group 2). Xenograft sling was carried out by a single surgeon using a standard technique.

Results

All patients had urodynamically proven SUI. One patient also demonstrated detrusor instability. Three patients had undergone previous anti-incontinence surgery. The mean duration of hospital stay was 3.9 days. Voiding trials began on the first postoperative day in 13 patients and on the second postoperative day in 18. Voiding trials in group 2 all began on the second postoperative day. One patient (group 1) required intermittent self catheterization on discharge. Statistical analysis of total analgesic requirements for each group revealed that patients in group 2 required significantly greater quantities of analgesia. At 6 week follow-up 100% of patients in both groups were completely dry

Conclusions

Early results from xenograft sling are encouraging and early cure rates correlate well with those achieved using traditional rectus fascia. The procedure leads to less postoperative pain, facilitating early mobility, earlier voiding trials and more prompt discharge from hospital.