

THE TRANSVAGINAL COOPER'S LIGAMENT SLING FOR GENUINE STRESS INCONTINENCE: SUBJECTIVE AND OBJECTIVE OUTCOMES ANALYSIS AT 14 WEEKS FOLLOW-UP

Aims of Study

To examine subjective and objective outcomes 14 weeks after a transvaginal, Capiro C.L.[®] sling procedure for the treatment of genuine stress incontinence.

Methods

One hundred and fifty-nine women underwent a transvaginal cadaveric fascial sling anchored to Cooper's ligament from May 1999 through October 2001 for the treatment of genuine stress incontinence. The transvaginal sling was placed underneath the urethrovesical junction and anchored full length (no suture bridges) using the Capiro C.L.[®] device to Cooper's ligament bilaterally. Patients were asked about their subjective stress and urge incontinence symptoms using standardized survey instruments at each visit. Objective outcomes were analyzed from preoperative and postoperative urodynamic testing. Low pressure urethra was defined as mean urethral closure pressure ≤ 20 cm of H₂O

Results

The cohort of women had a median age of 69 (36 - 91), a median parity of 3 (0 - 8), and a median body mass index of 25.54 (18.12 - 37.81). 125 women (79%) were postmenopausal and 102 (64%) were on some form of HRT. 90 women (57%) had had a previous hysterectomy, while 30 women (19%) had a prior pelvic reconstructive surgery and 27 women (17%) had a prior anti-incontinence procedure. 121/159 (76%) patients had symptoms of stress incontinence while 127/159 (80%) had urge incontinence. Preoperative urodynamics data was available for 148 of 159 (93%) women. 106 of 148 (71%) had low pressure urethra with a median closure pressure of 16 (0 to 80), and 111 of 148 (75%) had detrusor overactivity. During this procedure, 52 of 69 (75.6%) women with a uterus had a vaginal hysterectomy. 153 of the 159 women (96.2%) had concomitant pelvic reconstructive surgery: 150 (94.3%) anterior repair, 144 (90.6%) posterior repair, 56 (40.9%) sacrospinous vaginal vault suspension, 76 (47.8%) enterocele repair, and 36 (22.6%) culdoplasty. 131 of women (82.4%) had complete preoperative and postoperative subjective data available for analysis. 105 of 131 women (80.2%) and 54 of 131 women (41.2%) had subjective cure of their stress and their urge incontinence, respectively. 124 of 159 women (78%) had complete preoperative and postoperative urodynamics data available for analysis. 91 women (73.4%) had objective cure of their stress incontinence, while 26 women (20.9%) had type III incontinence and 7 (5.6%) had recurrent genuine stress incontinence. Of the 33 women with objective failures, 20 (60.6%) were asymptomatic. While 20 of 125 women (16%) developed denovo detrusor overactivity and 78 of 125 (62.4%) had persistent detrusor overactivity, 14 of 125 women (11.2%) had resolution of their detrusor overactivity.

Conclusions

Short-term results suggest that the transvaginal Cooper's ligament cadaveric fascial sling procedure is an effective, minimally invasive method for treating genuine stress incontinence with low pressure urethra.