

MORE THAN THREE YEARS OF LONG TERM FOLLOW-UP RESULTS OF ANTERIOR VAGINAL WALL SLING FOR THE FEMALE PATIENTS WITH STRESS URINARY INCONTINENCE

Aims of Study

The aim of this study is to evaluate the long term therapeutic results and complications of anterior vaginal wall sling (AVWS)^{1,2} for the female patients with stress urinary incontinence (SUI) followed up over 3 years.

Methods

We analyzed 23 patients who could have been followed up for more than 3 years among total 43 patients who underwent AVWS operation. Mean follow-up period was 40.2+/-5.3 months. These patients were examined with cystography, urodynamic study including valsalva leak point pressure and subjective SEAPI score³ preoperatively. Postoperative analysis including subjective SEAPI score, success rate, satisfaction and complications was performed at least 3 years later after operation.

Results

Total preoperative subjective SEAPI score of 6.1+/-3.4 was decreased to 1.4+/-1.5 postoperatively ($p < 0.001$). Twenty one patients (91.3%) answered as "completely resolved" and one patient (4.3%) as "improved". Among 12 patients who had accompanied urgency preoperatively, 8 patients were completely improved just after operation, but remaining 4 patients suffered longstanding urgency. De novo urgency occurred in 3 patients, but all of them were improved within 3 months with conservative management. Five patients (21.7%) suffered from inguinal pain postoperatively. It was improved in 4 patients after 3 months, but one patient suffered for about 9 months. Subjective satisfaction at more than 3 years after operation was "very satisfactory" in 22 patients (95.6%).

Table 1. More than three years of long term success rate of AVWS* (n=23)

	No. of pts (%)
Complete resolution	21 (91.3%)
Improvement	1 (4.3%)
Failure	1 (4.3%)
Success rate	22 (95.6%)

* AVWS: anterior vaginal wall sling

Table 2. Effects of AVWS* on urgency and long-term complication (n = 23)

Condition	Postop. status	
	Resolution	Persistent
Preop. urgency	8/12 (66.7%)	4/12 (33.3%)
De novo urgency	3/11 (27.3%)**	
Inguinal area pain	5/23 (21.7%)***	
Formation of bladder stone	1/23 (4.3%)	

* AVWS: anterior vaginal wall sling

** These patients were improved within 3 months by conservative management.

*** This pain was improved in 4 patients after 3 months, but one patient suffered for about 9 months.

Conclusions

More than three years of long term follow-up of AVWS operation for the female patients with SUI showed high success rate, high patients' subjective satisfactions and reasonable complications. We think that AVWS operation is an effective therapeutic procedure for female patients with SUI.

References

1. Raz S, Siegel AL, Short JL, Snyder JA. Vaginal wall sling. J Urol 1989;141:43-6
2. Kaplan SA, Santarosa RP, Te AE. Comparison of fascial and vaginal wall slings in the management of intrinsic sphincter deficiency. Urology 1996;47:885-9
3. Raz S, Erickson DR. SEAPI QMM incontinence classification system. NeuroUrol Urodyn 1992;11:187-99