

ANTERIOR VAGINAL WALL SLING LONG-TERM OUTCOME DATA: DIFFERENCES BETWEEN OFFICE VERSUS POSTAL SURVEYS

Aims of Study

Previous study has indicated that, following anti-incontinence surgery in women, postoperative outcome data reporting is more favorable when obtained by physician office staff, as opposed to postal survey.¹ We sought to determine differences in long-term outcome data in patients who underwent anterior vaginal wall sling, when patients were contacted by the physician office staff as opposed to postal survey.

Methods

From 1992 to 1998, 425 patients (mean age 60.9 years, range 27-87 years) underwent anterior vaginal wall sling (AWS) to treat both intrinsic sphincteric dysfunction (ISD) and anatomical incontinence (AI).² The technique involved transvaginal placement of 2 pairs of No. 1 polypropylene sutures to create a hammock supporting the bladder neck and proximal urethra. The first pair, placed at the level of the bladder neck, incorporated urethropelvic ligament and perivesical fascia, allowing correction of co-existent grade I-II cystoceles. The second pair was placed at the level of the midurethral complex puborethral ligament at its entrance to the levator musculature and periurethral fascia. Through a single suprapubic puncture, the vaginal sutures were transferred suprapubically using a double-prong needle carrier. We measured outcome by the Stress, Emptying, Anatomy, Pad, Instability (SEAPI) score (graded 0-3): S=stress incontinence, E=emptying ability, A=anatomy, P=pad usage, I=bladder instability. For a particular category, a higher number indicated worse symptoms. Outcome data using SEAPI was determined by telephone contact by a staff member, and followed up with a postal survey.

Results

Of the 425 patients, 386 (91%) were contacted by telephone postoperatively, and SEAPI questionnaire administered. Median telephone follow-up was 34 months. Of these patients, 27(6.3%) had subjective recurrence of stress urinary incontinence ($S \geq 2$). De novo bladder instability was noted in 26 (6.1%). In the postoperative period, the SEAPI questionnaire was mailed to all 425 patients, and returned by 260 (61%). In this group, 146 (56%) were completely dry (S0), 38 (15%) had rare episodes of stress incontinence (S1), 31 (12%) leaked with moderate activity (S2), and 45 (17%) were significantly incontinent (S3). Therefore, in the postal survey group, 29% with $S \geq 2$ were considered failures at a mean follow-up of 39.5 months. 10 of these 260 patients (3.8%) reported significantly impaired emptying ability (E3), whereas 28 (11%) reported de-novo bladder instability.

Conclusions

Anterior vaginal wall sling provides satisfactory long-term cure of stress urinary incontinence, with minimal morbidity. Similar to previous reporting, study methodology impacted success rates. Postal questionnaire results were less optimistic than results obtained by direct physician office staff contact. This finding may be due to patient reluctance to share such information with the physician staff directly on the telephone. We advocate the use of postal questionnaires when determining postoperative surgical outcome data after anti-incontinence procedures in women.

References:

1. Sirls LT, Keoleian CM, Korman HJ, et al. The effect of study methodology on reported success rates of the modified Pereyra bladder neck suspension. *J Urol* 1995; 154(5):1732-5.
2. Anterior vaginal wall sling: six-year experience with 425 cases. *J Urol* 1998; 159A(5): 326.