

THE RISE AND DEMISE OF THE VESICA PROCEDURE – LESSONS TO BE LEARNT ABOUT BLADDER NECK SUSPENSION

Aims of Study

The treatment of stress urinary incontinence (SUI) has had many procedures described with the aim of restoring the urethra to a well supported position. The gold standard is considered to be the Burch colposuspension but emphases on minimally invasive procedures and short inpatient stays prompted the development of new techniques one of which was the Vesica percutaneous bladder neck suspension (PBNS). Initially it was hailed as a great success but few long term results have been reported. The aim of this study was to provide 5 year data on this procedure.

Methods

A total of 40 women with urodynamically proven SUI underwent Vesica PBNS between 1994 and 1997. From bone anchors drilled into both pubic tubercles a prolene suture was passed retropubically and a z stitch placed to include anterior vaginal wall and endopelvic fascia either side of the bladder neck and urethra. The prolene suture was then tied to the bone anchor over a spacer to achieve correct tension.

Results

Patients were assessed at 6 months, 12 months and 5 years. One patient was lost to follow up.

Initial results were excellent with 85% of women reporting complete dryness at 6 months. However 16% developed wound infections secondary to haematomas in the suprapubic incisions and 10% required a period of intermittent self catheterisation because of incomplete bladder emptying post operatively.

By 12 months only 46 % of the women remained dry although most only reported occasional leakage. At five years 69% had recurrence of SUI and more than two thirds (70%) of this group had symptoms severe enough to be offered a further surgical procedure. Two patients developed significant irritative symptoms which was caused by erosion of a Vesica suture into the bladder and required surgical removal. One patient developed erosion of suture into the vagina also requiring surgical removal.

Conclusions

Initial results from this minimally invasive procedure were excellent and despite the lack of long term data the technique very quickly came into widespread use. 'Wonderful' new minimally invasive procedures for SUI are still gaining popularity despite scant long term data. Lessons must be learnt from the Vesica experience.