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THE LONG TERM RESULTS OF MODIFIED FASCIAL SLING USING ALLOGRAFT FASCIA IN STRESS URINARY INCONTINENCE: COMPARISOM WITH AUTOLOGOUS FASCIA

Aims of Study

The effectiveness of allograft fascia sling is still controversial in comparison with autologous fascia sling in the patients with stress urinary incontinence. We evaluated and compared the long term follow up results in patients who had undergone the modified fascial sling using autologous and allograft fascia.

Methods

We compared 58 consecutive women (52%), having undergone the modified fascial sling using allograft cadaveric fascia lata between Sep. 1999 and Mar. 2001 (group 1), with 52 consecutive women (48%), having undergone the procedure using autologous rectus fascia between Dec. 1996 and Aug. 1999 (group 2). The surgical outcomes and the satisfaction of patients, were assessed by the questionnaire ($p<0.05$, chi-square test, t-test).

Results

In the group 1 the mean follow-up was 32 months (range 24-39), and 53 (91%) of the patients were cured, and 3 (5%) improved. In group 2, the mean follow-up was 52 months (range 42-63), and 47 (90%) of the patients were cured, and 3 (6%) improved. From the questionnaires, there was no difference in the satisfaction with the operation between two groups, but was somewhat lower than the success rate. The mean operation time for group 1 was significantly shorter than for group 2 (83 min vs 118 min), and postoperative pain control in group 1 was significantly less than in group 2 (9% vs 16%). Mean duration of indwelling catheter was shorter in the group 1 than for group 2 (5.4 days vs 9.9 days). De novo urge incontinence developed in 2 (3%) and 2 (3.8%) patients from groups 1 and 2, respectively.

Conclusions

The modified fascial sling using allograft fascia is an effective treatment for all types of stress urinary incontinence with a high cure rate and an acceptable low morbidity, the modified fascial sling using allograft fascia is more advantageous than autograft fascia sling because of the decreased operation time and the reduction in pain control, although there are no significant differences in the success rates and satisfaction between two-groups.