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SABRE: PRELIMINARY EXPERIENCE WITH A NEW SYNTHETIC ABSORBABLE SELF-ANCHORING SLING FOR FEMALE STRESS URINARY INCONTINENCE

Aims of Study

A new sling material is now available for surgical treatment of stress urinary incontinence (SUI). SABRE consists of copolymer of polylactic acid and polycaprolactone that acts as a suburethral support. The SABRE sling system is composed of two self fixable tapes with 15 cm of length and a central strip with 2 x 1 cm for implantation in suburethral region. The use of biomaterials reinforcing the soft tissues is growing deeply faster, on behalf of the advance of cellular biology and bioengineering (1). In this study, it is reported on the early outcomes with the SABRE for the treatment of SUI.

Methods

Since March 2001, twenty-three women with proven stress incontinence underwent to a suburethral sling using SABRE. The mean patient age was 54 years. Preoperatively, all patients underwent a complete clinical history, physical and pelvic examination, including an objective assessment of urinary leakage during stress maneuvers and a urodynamic study. Patients were reviewed at 1 week, at 1, 6, 12 and 18 months after the procedure. At each visit, detailed history concerning voiding symptoms and urine leakage and physical exam were undertaken, including direct assessment of urinary leakage during stress maneuvers. Dystopia repair was performed whenever necessary, during the same procedure (patients who presented severe pelvic prolapse as grade 3 or 4, were excluded from the study). Approximately 40% of this group had previously undergone an anti-incontinence procedure. Cure was defined by complete continence without symptoms of bladder dysfunction or residual persistent leakage with minimal patient discomfort. Unsuccessful outcome was defined as unchanged or worsened urinary incontinence. Valsalva leak point pressure (VLPP) showed intrinsic sphincter deficiency in 70% (mean VLPP 68 cm H₂O) and urethral hypermobility was diagnosed in 30% (mean VLPP 102 cm H₂O). The procedures were done under spinal anesthesia and the sling was applied through a 1 cm longitudinal vaginal incision at midurethra using a specially designed insertion needle.

Results

The mean follow up was 18 months. The mean operative time was of 20 minutes and the average hospital stay was 24 hours. There were 2 cases (9%) of vaginal wall dehiscence but no vaginal or urethral wall erosion. Irritative voiding symptoms were reported by 3 patients (13%) during the immediate postoperative period (up to 4 postoperative weeks). Of the 23 patients, 18 (80%) were cured of stress incontinence and 3 (13%) reported significant improvement and 2 (7%) maintained the symptoms.

Conclusions

SABRE may be an attractive alternative for the minimally invasive treatment of urinary stress incontinence, should the initial good results prove to be long lasting.

References

Norris JP, Breslin DS, Staskin DR: Use of synthetic material in sling surgery: a minimally invasive approach. J Endourol, 10: 227-230, 1996.