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Pacetta A¹, Sadi M¹, Palma P², Carramão S¹, Limonje D¹, Lisi L¹, Nunes E¹, Mantese J¹, Barros A¹

1. Universidade de Santo Amaro, UNISA, 2. Universidade Estadual de Campinas, UNICAMP

A NEW TRANSOBTURATOR BIOABSORBABLE TAPE AS A SUBFASCIAL SLING FOR URINARY STRESS INCONTINENCE

Aims of Study

We present a new approach to rebuild the natural subfascial support of the urethra for patients with female stress urinary incontinence (SUI) with the use of a new bioabsorbable self anchoring transobturator tape made of a copolymer of polylactic acid and polycaprolactone, thus avoiding the disadvantages of the permanent materials, such as erosion and infection. By using a trans-obturator approach one can also avoid injuries to the intestines, pelvic blood vessels and bladder.

Methods

The procedure is performed with the patient in the lithotomy position, under spinal block or local anesthesia with intravenous sedation. A 1.5 cm long vaginal incision is performed starting 0.5 cm below from the external urethral meatus. The vaginal wall is dissected from the underlying periurethral fascia, bilaterally to the inferior ramus of the pubic bone. The internal edge of obturator foramen is identified. A skin incision is made in the genito-femoral fold at level of clitoris 3 cm from the midline on both sides. The needle path is made around the ischiopubic ramus through the skin, obturator membrane, obturator and muscles, endopelvic fascia, exiting through the vaginal incision. No cystoscopy is necessary. A Metzenbaum scissors is introduced between the urethra and the tape to avoid undue tension and the tape is self anchored. The vaginal and skin incisions are closed in the usual manner.

Conclusion

This new transobturator subfascial sling is safe and may be an alternative to pubovaginal slings. This procedure is easy to perform and is devoid of major complications. Further studies and longer follow-up are needed to determine its role in the management of female SUI.