

451

Pacetta A¹, Palma P², Ricetto C², Thiel M², Herrmann V², Borges G², Netto Jr N²

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

MONARC: SUBFASCIAL HAMMOCK FOR URINARY STRESS INCONTINENCE.

Aims of Study

The subfascial hammock approach is a promising alternative for minimally invasive anatomical urethral support reconstruction.

The aim of this video is to present a new approach to rebuild the natural subfascial hammock in the management of female stress urinary incontinence (SUI).

Surgical procedure: The procedure is performed with the patient in the lithotomy position, either under spinal or local anesthesia with intra venous sedation. A 1.5 cm long vaginal incision is performed at 0.5 cm from the urethral meatus. The vaginal wall is dissected from the underlying periurethral fascia, bilaterally to the inferior ramus of the pubic bone. Notice that minimal dissection is necessary, because the dilator at the tip of the tape will create enough space to accommodate the polypropylene tape. The internal edge of obturator foramen is identified. A skin incision was made in the genito-femoral fold at level of clitoris. The needle path is made around the ischiopubic ramus through skin, obturator membrane and muscles, endopelvic fascia and through the vaginal incision. No cystoscopy is necessary. The bladder was filled with contrast material for didactic purposes. A Metzenbaum scissors is introduced between the urethra and the tape to avoid undue tension. The vaginal and skin incisions were closed in the usual manner.

Conclusion

The subfascial hammock is a safe technique and may be an alternative to pubovaginal slings. This procedure is easy to perform and to teach and avoids major complications. Further studies and longer follow-up are needed to determine its role in the management of female SUI.