

CADAVERIC FASCIAL TRANSVAGINAL SLING (CATS): FIVE-YEAR PROSPECTIVE FOLLOW-UP

Aims of Study

To present our five-year prospective results with transvaginal sling using non-frozen cadaveric fascia lata and bone anchor fixation.

Methods

445 women, ages 33-90 (mean 64 years) had the CaTS procedure. 328 women had a minimum follow-up of 6 months (maximum 60 months, mean 20 months). 118 underwent the CaTS procedure alone while 210 had concurrent prolapse repair. A 2 X 7 cm segment of non-frozen cadaveric fascia lata is placed from the mid-urethra to the bladder neck with sling fixation via transvaginal pubic bone anchors. Validated patient-administered incontinence questionnaires were administered every six months. Questionnaire results and SEAPI scores were entered into our prospective database.

Results

Mean preoperative and postoperative SEAPI scores were 6.6 and 2.6 respectively ($p < 0.001$). 61% (198/328) of patients were $\geq 80\%$ "satisfied with the results of their procedure". Median satisfaction was 80%, and 70% (231/328) reported they would "have the surgery again".

71% (234/328) of patients reported a minimum 50% improvement in their continence status. 26% (87/328) reported $< 50\%$ continence improvement and were considered "failures". Of these "failures": 8% (26/328) reported stress urinary incontinence, 13% (42/328) reported urgency, and 5% (19/328) were uncertain of the nature of their incontinence. All incontinence "failures" occurred in the first year of follow-up.

178 patients had preoperative urgency symptoms. Urgency symptoms resolved in 72% (127/178) and persisted in 28% (51/178) postoperatively. 150 patients had no preoperative urgency symptoms with postoperative de novo urgency developing in 12% (19/150). Osteitis pubis occurred in 2 patients (0.6%) managed with non-steroidal anti-inflammatory drugs. There were no cases of osteomyelitis.

Conclusions

With five years prospective follow-up, our results using non-frozen cadaveric fascia lata for transvaginal sling are encouraging. These intermediate term results demonstrate acceptable morbidity and few late failures.