

LAPAROSCOPIC BURCH PROCEDURE FOR GENUINE STRESS URINARY INCONTINENCE. LONG TERM FOLLOW-UP.

Aims of Study

The minimal surgical treatment of stress urinary incontinence with endoscopic operation has four basic advantages compared with traditional open procedures: decreased blood loss due to better visualization of the space of Retzius, decreased postoperative pain, shorter hospitalization and faster recovery. Comparative studies have shown a higher subjective and objective cure rate for the retropubic urethropexy (Burch procedure) than for the anterior colporrhaphy or endoscopic needle urethropexy (1).

The aim of this study is to evaluate the safety, the efficacy and morbidity of laparoscopic Burch procedure for the surgical treatment of genuine stress incontinence.

Methods

We reviewed the results of 87 patients who underwent L.B. between 1997 and 2003 by the same surgeon. The main age was 52 years (range 42-71) , the mean body weight was 65 Kg.(range 50-73) and the mean parity was 3 (range 1-5) . All pts. preoperatively underwent a complete urogynaecological work-up (Q tip test, Vaginal profile, Pad test, Urodynamic investigation and Urethrocystoscopy). All the pts. showed S.U.I. mainly grade II (according to Ingelman Sundeberg) and urethral hypermobility. 55 post menopausal pts. (63,5%) were taken a systemic or local estrogen therapy. We performed isolated laparoscopic procedure on 67 pts. (41,5 %), we associated procedures as total hysterectomy and McCall on 20 pts.(23%) and colposacropexy on 10 pts.(11,5%). A follow-up questionnaire on urinary function and quality of life was obtained.

Results

The main operative time for L.B. was 67 minutes (range 40-120), estimated blood loss was minimum and mean hospital stay was 24 hours. The foley catheter was removed after 6-12 h. No bladder or urethral injures occurred. At 5 years follow-up 60 pts (69%) were continent, 5 pts. (5.7%) de novo instability , 6 pts (%) were somewhat improved and 17 pts were complete failures.

Conclusions

Laparoscopic Burch procedure seems to be a feasible alternative to the open Burch today for a different and less traumatic approach, for a lower morbidity and for a shorter hospital stay.

References

(1) Comparison of three different surgical procedures for genuine stress incontinence:prospective randomized study. Am J Obstet Gynecol 1979; 160:1102-1106