

THE EFFICACY OF IRIS PROCEDURE IN STRESS URINARY INCONTINENCE: COMPARISON WITH TVT AND SPARC**Hypothesis / aims of study**

IRIS (Innovative Replacement of Incontinence Surgery, B. Braun Korea & Dow Medics Co., Ltd, Seoul) is a polypropylene tape placed beneath the mid-urethra to restore urinary continence. To compare the efficacy and the complications of the IRIS procedure with tension-free vaginal tape (TVT) and suprapubic arch (SPARC) procedure in the treatment of female stress incontinence.

Study design, materials and methods

In this controlled, prospective, randomized study, participated 34 patients who underwent IRIS procedure, 32 patients who underwent TVT procedure and 30 patients who underwent SPARC procedure between May 2002 and Jan 2004. The operative and postoperative morbidity, success rate demonstrated by stress test and subjective satisfaction rate assessed by questionnaire were analyzed.

Results

Preoperative patients characteristics, early operative results, success rate and satisfaction rate are provided in Table 1. There were no statistically significant differences between the three groups ($p>0.05$). Intraoperative complications for IRIS included 4 cases of bladder perforation, 3 for TVT and 3 for SPARC. Postoperative complications for IRIS group included 2 patients with de novo urgency and 1 patient with mesh erosion. 3 patients with TVT developed de novo urgency. In the SPARC group we had 3 cases with urinary retention that were treated with release of the mesh and 1 de novo urgency.

	IRIS (n=34)	TVT (n=32)	SPARC (n=30)
Mean Age (years)	51.8±7.1	53.0±9.3	51.1±7.0
Mean Parity	2.8±0.9	3.1±0.9	2.3±1.1
Previous Pelvic surgery (%)	47.1 (16)	46.9 (15)	46.7 (14)
Stamey Grade (I/II/III)	13/20/1	17/13/2	11/17/2
Operative time (min)	26.6±4.1	27.5±2.7	28.1±7.5
Hospital stay (days)	2.6±0.9	2.5±0.9	2.3±0.6
Catheter indwelling (days)	1.8±0.6	1.1±0.4	1.1±0.5
Success rate (%)	97.0	96.9	96.7
Personal satisfaction (%)	94.1	96.9	96.6
Complication rate (%)	20.5 (7)	18.8 (6)	23.3 (7)

Interpretation of results

The IRIS, TVT and SPARC procedures are equally effective and safe in the management of female GSI at 1 year follow-up.

Concluding message

However, longer follow-up is needed for the the complications and long term cure rate.