

MONARC TRANSOBTURATOR SUBURETHRAL SLING: EIGHTEEN MONTHS' EXPERIENCE

Hypothesis / aims of study

The transobturator suburethral sling described by Delorme is a new concept in surgical techniques used to correct female urinary incontinence. The objective of this study is to confirm that this technique is easy to use and easy to learn, that the safety margin when using the helicoid needle is wide and that as a result there is a minimal learning curve, complications are less common and less serious than with other similar techniques and that the hammock and tension-free concept described by Ulm and Petros are reproduced more faithfully, the appearance of urinary retention and "de novo" urgency being less common. The average completion time is 20 minutes and the procedure can be carried out without cytoscopic testing.

Study design, materials and methods

We report on 47 patients, with an average of 55 years of age (range: 40-69 years), all of whom were suffering from pure stress incontinence, confirmed by a urodynamic study, three (6.3%) with intrinsic sphincter insufficiency (closure pressure less than 20 cm H₂O). All underwent the transobturator suburethral hammock procedure. A vaginal incision was made approximately 1.5 cm from the anterior face of the vagina, with dissection of both paraurethral spaces, without penetrating the endopelvic fascia. Two incisions were then made 1.5 cm from the clitoris, through which the helicoid needles were inserted as far as the vagina for connection of the mesh, and were then withdrawn so that the mesh came down to these incisions. There were no cases of vesical or urethral perforation. The ease of use of the helicoid needles with either hand was reported. In all cases, the vesical catheter was removed eight hours after surgery, and all patients were discharged twelve hours after admission. Post-operative ultrasonography was carried out, confirming the absence of haematomas. The average follow-up period was eleven months. The final assessment was made using a quality of life questionnaire, a cough test, in which 250 ml was introduced into the bladder and patients were asked to cough, whilst standing up. They were asked about de novo urgency and a rapid 1-hour pad test was carried out, weighing the pads before and after one hour, when moving, and going upstairs. A video urodynamic control study was carried out, ruling out emptying disorders, and the need to use protection was assessed.

Results

All of the 47 patients evaluated reported a high level of satisfaction with the technique, with 45 (95.7%) remaining completely dry and not needing any protection, and two (4.3%) needing only one pad a day instead of three or four. There were no reported cases of de novo urgency.

Interpretation of results

Since 1990, 230 patients have been operated in our Incontinence Functional Urology Unit using AMS800, TVT and REMEEX. 80% of the patients are continent, 10% have improved and 10% are still incontinent.

Since January 2003 to treat stress urinary incontinence we are using the technique of the suburethral sling with transobturator approach Monarc, due to the excellent results, the low rate of complications and the simple technique this procedure has become in our department the treatment of choice.

Concluding message

We consider that the transobturator sling technique for the treatment of female urinary incontinence has to be considered as one of the preferred choices given its minimal morbidity rate and the good results achieved.

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