

ANALYZE AND REVIEW OF THE PERCENTAGE OF READJUSTMENT IN THE SURGICAL TREATMENT OF STRESS URINARY INCONTINENCE USING A READJUSTABLE SLING REMEEX SYSTEM.

Hypothesis / aims of study

The aim of the study is to analyse and review the percentage of readjustment of the readjustable sling (REMEEX) in the surgical treatment of stress urinary incontinence in a middle-long term experience. We try to see the efficacy in relation with different factors.

Study design, materials and methods

60 patients were operated of stress urinary incontinence using the Remeex System since 1999 to 2003. All the patients have included a stress test cough provocation in lying and standing positions with a bladder volume of 300 ml, a 24 hour pad weighting test and a 2 day voiding diary and residual urine measurements. Urethral mobility done by direct visualization at cough test during the gynaecologic examination and also urine analysis were done. Quality of life (QoL) was assessed [2] including a visual analogue scale where 0 represents no urinary problems and 100 unbearable urinary complaints.

At the postoperative follow up visits (months 1, 6, 12, and yearly) the preoperative assessments was repeated.

The post-surgical adjustment was done between 1 and 3 days after the intervention with the patient in stand up position, coughing repeatedly under a bladder volume of 250-300 ml. The sling urethral support level was adapted up to continence, and then residual urine measurements were taken to finally increase or decrease the support of the sling with the objective of reaching continence avoiding retention. After the adjustment we disconnect the Manipulator and discharge the patient. A special antibiotic prophylaxis was before and after the intervention.

A further readjustment was done when ever the patient need it after months from intervention date if incontinence re appears.

Mean age 56.4 Body Mass Index 29.84 Type of incontinence type I 3.3% type II 38.3% and type III 58.3%. Previous incontinence surgery 28.3%.

Results

40 Patients did not need any readjustment. The sling, at surgery, was placed totally tension free as described in the surgical technique (3).

20 patients needed a readjustment, 13 patients had a post-operative readjustment (6 patients need an increase of the tension and 7 patients need a decrease of tension). Then 7 patients need a mid-long term readjustment, 4 cases 1 moth after the intervention. 1 patient 6 moths after, 1 patient 1 year later and 1 patient 3 years after the intervention, the readjustment was easy to do in all the cases.

In the group of patients that have had a previous incontinence operations 85,7% needed a mid-long term readjustment. In the group of patients that they did not have a previous incontinence operation only 14,3% need to be readjusted.

Interpretation of results

Mid-long term readjustment was used more in the recurrent type of patients (some three times) and this percentage goes down in normal patients.. Readjustment has been more often also in cases with associated surgery.

Concluding message

For this reason we consider the Remeex system in patients in which the success rate of tension free slings is less, like ISD patients or recurrent patients Further studies are needed to complement this observations.

References

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