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THE LONG-TERM OUTCOME OF FASCIAL SLING OPERATION IN FEMALE STRESS URINARY INCONTINENCE: MULTICENTER STUDY IN KOREA

Hypothesis / aims of study

Fascial sling operation had been used primarily in stress urinary incontinence. We evaluated long-term outcome of fascial sling operation by multicenter study in Korea.

Study design, materials and methods

564 patients who had undergone fascial sling operation for stress urinary incontinence from December 1996 to May 2001 at 10 institutions in Korea were included in this study. They were followed up for 2 years more. Mean age was 50.6 years and pelvic organ surgeries were performed in 126 (22.3%) patients, and anti-incontinence surgeries in 15 (2.7%) patients previously. We did taking history, physical examination, urodynamic study including valsalva leak point pressure (VLPP), and recorded the questionnaire of incontinence before operation. Postoperative symptoms and satisfaction were assessed by questionnaire. The 269 (47.7%) patients underwent operation with autologous rectus fascia, 266 (47.2%) patients with cadaveric allograft fascia, and the remaining 29 (5.1%) patients with autologous fascia lata.

Results

Mean follow up was 43.6 months (range 24 to 77). Mean VLPP was $67.0 \text{cmH}_2\text{O}$, and 52 patients (9.2%) had idiopathic detrusor overactivity in urodynamic study. Stress urinary incontinence was cured in 485 (86.0%), improved in 31 (5.5%). In autologous fascia group 252 (84.6%) patients were cured and 18 (6.0%) patients were improved, whereas 233 (87.6%) patients were cured and 13 (4.9%) patients were improved in allograft fascia group. 253 (84.9%) patients with autologous fascia and 228 (85.7%) patients with allograft fascia satisfied, so that 481 patients (85.3%) satisfied for the operation. However, urinary retention was noted in 44 (7.8%), severe pain in 34 (6.0%), and wound infection in 8 (1.4%) postoperatively. There was no significant difference in the patients with urinary retention between two groups. The patients with postoperative pain and wound infection of autologous fascia group (7.7% and 1.7% respectively) were more than that of allograft fascia group (4.1% and 1.1% respectively). Patients with preoperative urge urinary incontinence were 197 (34.9%), and 92 (46.7%) of these were cured or improved postoperatively. However, de novo urge urinary incontinence was noted in 8 patients (1.4%).

Concluding message

Our results suggest that long-term outcome of fascial sling operation for the treatment of stress urinary incontinence is satisfactory. However, studies for improving the patients' satisfaction and postoperative complications such as pain, urge syndromes and urinary retention are needed.