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## **READJUSTABLE SLING : REMEEX LONG TERM RESULTS**

### **Hypothesis / aims of study**

The aim of the study is to demonstrate that the readjust able sling REMEEX is a minimal technique with a good success rate without compromising the voiding fase of the bladder. The experience of almost 5 years allow us to correct some aspects of the surgery (1) and to have a better knowledge of the technique specially in the post surgical readjustment (2)

### **Study design, materials and methods**

We analyse the results of 101 patients operated from May 1999 to December of 2003. All of the patients were complicated, aged (mean age 60 years), obese ( mean BMI: 30,7), with severe surgical prolapse of pelvic organs (87cases), with bladder dysfunctions (39% mixed incontinence, 7% ISD y 19,5% associated bladder empty dysfunction) and including also patients with previous surgical interventions of urinary incontinence (11%recurrent patients have had a previous Burch Colposuspension and 13% have had Kelly intervention). All the patients were evaluated at 45 days, 3 moths, 6 moths and every year.

### **Results**

The mean surgical time was 37 minutes. The mean hospital stay was influenced by the associated surgical pathology (mainly prolapse patients) more that for the implantation of the Remeex system implant, we did the readjustment in an ambulatory way, because we did not have any voiding problem after surgery. The implant was place totally lose, 3cm between the implant and the rectus fascia.

The possibility of long-term readjustment was used in 9 patients with success in all cases.

There were few intra operative complications: 3 bladder perforations, 2 Retzius haemorrhage, 7 infections of the surgical wound and 8 seromas.

With a mean follow up of 27,42 moths, 97 patients are completely dry and two have urgent incontinence in a lower grade that before (mixed incontinence presurgery). Two cases have de novo incontinence treated with Anticolinegics.

### **Interpretation of results**

The circumstance of having to took out the prosthesis due to infection, is related to intra operatory contamination. We had 5 cases (5.05%) of prosthesis removal. All of them where in the first cases when we did not make antibiotic prophylaxis (from Dec 2000 to April 2001). When we used a careful aseptic procedure and a prophylactic intra and post-surgical antibiotics (as with other implants) we had no infections. No system has been infected since April 2001.

### **Concluding message**

In conclusion the readjust able Remeex Sling is a good alternative(3) for the surgical treatment of Stress Urinary Incontinence, specially in complicated cases, due to the main feature of increasing or decreasing the sling tension whenever the patient need it (just after surgery or long term). This is a good tool in patients with low pressure urethra, recurrent cases and cases where we modify the anatomy as genital prolapse.

### **References**

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