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## **EARLY US EXPERIENCE WITH A TRANSOBTURATOR SLING TO TREAT STRESS INCONTINENCE**

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

To report on the safety and efficacy of the transobturator sling approach for treatment of stress incontinence (SUI).

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

Women with urodynamically-proven genuine stress incontinence were offered a novel sling procedure, where polypropylene mesh tape is placed beneath the lateral pubic rami rather than retropubically (Monarc™ Subfascial Hammock, American Medical Systems, Inc., Minnetonka, MN). Retrospective data was collected from patients who sequentially underwent procedures at 3 US sites. Outcome measures were observed through post-implant week 26 and included continence status, pad use, urgency, need for medication for urgency, urinary retention and peri-operative complications.

### **Results**

169 patients are included in this initial review. Mean age at implant was 59 (27 - 93). Mean number of follow-up days was 151.1 days (range 22 – 300). 53% had prior hysterectomy, 16% had prior incontinence surgery, and 14% had prior surgery for prolapse. 53% reported grade III or IV prolapse (cystocele, rectocele, enterocele, cervical, or vaginal vault). Mean operative time to implant the Monarc sling was 14.6 min. 63% underwent at least one concomitant reconstructive procedure and 34% multiple concomitant procedures at the time of implant.

Subjectively, 89.4% reported being continent or substantially continent (occasional leakage of small amounts, with protection not needed) at 14 weeks; 94.6% at 26 weeks. 75% wore pads pre-op; mean 1.85 pads/day pre-op, 0.34 pads/day at 14 weeks, and 0.17 pads/day at 26 weeks. Pre-op urgency was reported by 67.3%; with 45% receiving medication for urgency. 17% had urgency at 14 weeks; 23.3% at 26 weeks, but only 10.3% were medicated for urgency. Urinary retention was reported by 3.4% of patients at 14 weeks, and 1.7% of patients at 26 weeks.

One intra-operative complication was observed—a self-limiting oozing at the right groin site. Operative blood loss was minimal. No urethral, bladder or bowel trauma occurred.

### **Interpretation of results**

Transobturator slings result in a continence rate of approximately 92%, with less irritative voiding and obstructive symptoms relative to traditional and midurethral retropubic slings. Avoidance of the retropubic space appears to minimize serious potential complications. Operative time is short.

### **Concluding message**

Transobturator slings are highly effective for surgical treatment of SUI, and may offer increased safety relative to traditional retropubic slings.

**FUNDING: American Medical Systems**