

401

Palma P¹, Riccetto C¹, Thiel M¹, Dambros M¹, Herrmann V¹, Pedro R¹, Netto Jr N¹
1. University of Campinas - UNICAMP

SUBFASCIAL HAMMOCK FOR STRESS URINARY INCONTINENCE: REFINEMENTS OF TECHNIQUE

Synopsis of Video

The subfascial hammock approach is a safe and effective alternative for minimally invasive anatomical urethral support reconstruction. The aim of this video is to present a new approach to rebuild the natural subfascial hammock in the management of female stress urinary incontinence, adding animations for a comprehensive approach to this technique.

The procedure is performed with the patient in the lithotomy position, either under spinal or local anesthesia with intra venous sedation. A 1.5 cm long vaginal incision is performed at 0.5 cm from the urethral meatus. The vaginal wall is dissected from the underlying periurethral fascia, bilaterally to the inferior ramus of the pubic bone. Notice that minimal dissection is necessary, because the dilator at the tip of the tape will create enough space to acomodate the polypropylene tape. The internal edge of obturator foramen is identified. A skin incision was made in the genitofemoral fold at level of clitoris. The needle path is made around the ischiopubic ramus through skin, obturator membrane and muscles, endopelvic fascia and through the vaginal incision. No cystoscopy is necessary. Tape adjustment should be performed with the patient in the reverse Trendelemburg position in order to obtain a more reliable intraoperative adjustment. A Metzenbaum scissors is introduced between the urethra and the tape to avoid undue tension. The vaginal and skin incisions were closed in the usual manner.

There were no visceral or vascular perforation with this technique in our own experience. Irritative voiding symptoms were mild. The mean operative time was 15 minutes. There were 90% of the patients cured or improved in the early postoperative period.

We concluded that the subfascial hammock is a safe technique and is an alternative to pubovaginal slings. This procedure is easy to perform and to teach and avoids major complications. Further studies and longer follow-up are needed to determine its role in the management of female stress urinary incontinence.