

636

Wadie, MSc, MD B S¹, Edwan A¹, Nabeeh A¹

1. Urology and Nephrology Center, Mansoura University

AUTOLOGOUS FASCIAL SLING VERSUS POLYPROPYLENE TAPE AT SHORT TERM FOLLOW UP, A PROSPECTIVE RANDOMIZED STUDY

Hypothesis / aims of study

Rectus fascia sling and TVT are most popular techniques for correction of SUI. This prospective randomized trial was conducted to compare the two techniques

Study design, materials and methods

53 female patients above the age of 21 (mean: 45.09 years) were randomized, using closed envelopes, to have either TVT or rectus fascia sling. Randomization was performed after receiving spinal anesthesia. One surgeon performed the two types. Associated cystocele of grade 2 was simultaneously corrected. Patients with bladder or urethral pathology, as well as having cystocele > grade 2 were excluded.

Results

All 53 patients completed 6 months follow up. 15 patients who had sling and 17 who had TVT had a concomitant cystocele, of grade 1 or 2. No statistically significant difference was found between the 2 groups at baseline. Cure was accomplished in 23 of 25 (92%) and in 26 of 28 (92.9%) having sling and TVT, at 1st follow up visit (1- week). 7 patients needed at least 1 extra week of catheterization in the sling group and 3 in the TVT group. No significant difference was detected as regards PVR, symptom score, filling and voiding parameters. At 6 months, 1 patient had de novo detrusor overactivity, 7 had wound pain. Compared to those with T.V.T, 2 had been considered failures, none had de novo overactivity and 2 had wound pain. None of the patients had symptoms suggestive of urethral or vaginal erosion.

Interpretation of results

Rectus fascia sling and TVT seem to be as effective, as regards primary outcome measure (i.e. cure of stress incontinence). Symptom score related to incontinence surgery is comparable in the two groups as well as simultaneous correction of cystocele. However, fascial sling takes longer time, yet is more economic.

Concluding message

The two techniques are comparable as regards primary outcome measure (i.e. cure of incontinence) as well as secondary ones (symptom score, adverse events..). More extended follow up and larger sample size are needed before a final conclusion can be made.