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LONG TERM DURABILITY OF THE DISTAL URETHRAL POLYPROPYLENE SLING (DUPS) PROCEDURE FOR STRESS URINARY INCONTINENCE (SUI): MINIMUM 5-YEAR FOLLOW-UP

Hypothesis / aims of study We have been utilizing a distal urethral prolene sling (DUPS) for the treatment of SUI in women since 1999. To date we have performed over 600 cases. We report our continued experience and report on patients with a minimum of 5 year follow-up.

Study design, materials and methods Between November of 1999 and April of 2000 69 patients underwent the DUPS procedure for SUI. Pre-operative evaluation included videourodynamic study, cystoscopy, and symptom questionnaire. Two parallel distal oblique vaginal incisions were made, and a suburethral tunnel developed. A 1x10 cm polypropylene mesh was placed suburethrally and 2 0-polyglactin sutures are tied suprapubically under no tension. Postoperatively patients were evaluated at 3 and 6-month intervals with physical exam, voiding dysfunction/incontinence symptom questionnaire, the Urogenital Distress Inventory (UDI-6), and a validated quality of life questionnaire.

Results All patients had a minimum of 5-year follow-up. 62% of patients had only a sling procedure. 10% of patients underwent urethrolysis and a sling. 27 % of patients underwent concomitant rectocele repair, 6% enterocele repair, and 9% vaginal hysterectomy. There were no intraoperative or major postoperative complications. There was no permanent retention and no urethral erosions. The de-novo urge incontinence rate was 7%. Mean pad use decreased from 2.8 to 0.7 pads per day ($p<0.05$). On preoperative patient filled questionnaires the preoperative score for SUI was 2.3 (0=none to 3=severe) and postoperatively decreased to 0.4 ($p<0.05$).

Interpretation of results On a scale of 0 to 6 (0=delighted, 6=terrible), the mean postoperative global quality of life due to urinary symptoms was 1.25. There was a dramatic improvement in quality of life with patients reporting a mean overall improvement of 81%.

Concluding message The distal urethral polypropylene sling is inexpensive, easy to perform, has low morbidity, and has good durability in long-term follow-up in correcting SUI.