Stress urinary incontinence affects 29% to 75% of all women and accounts for over 50% of all urinary incontinence cases. Burch colposuspension was first described in 1961 and for many decades was considered the gold standard management. The development of minimally invasive techniques such as mid-urethral synthetic tapes led to an increase in these procedures being performed. However, recent controversy in the use of mesh has led to a revival of interest in colposuspension and autologous tissue use.

We report the results of a retrospective review of Burch colposuspension and autologous fascial sling to assess contemporary outcomes in a medium-sized centre.

A retrospective case note review was performed for 80 women who had undergone either Burch colposuspension (21) or autologous fascial sling insertion (59) in a single urology department for refractory stress urinary incontinence. 29 of the patients undergoing autologous fascial sling insertion had had a previous surgical procedure for stress urinary incontinence. Mean follow-up was 8.69 months following AFS and 7.12 months following colposuspension. Mean age was 51. All patients underwent video-urodynamics prior to surgery which confirmed stress urinary incontinence. All were considered refractory to non-surgical treatment. The mean pre-operative pad use was 3.8 and mean ICIQ score was 16.

CONCLUSIONS

- We present the results of 80 women undergoing either Burch Colposuspension or autologous fascial sling insertion for stress urinary incontinence. Our outcomes are comparable to those reported in the literature; with failure occurring in only 2.5% of patients.
- We also show that autologous fascial sling insertion as a secondary procedure following a failed primary procedure for stress urinary incontinence is an efficacious procedure.
- The rates of de novo urgency urinary incontinence and intermittent self-catheterisation rates were 15% following AFS and 9.5% following colposuspension.
- There were no Clavien-Dindo grade 3 or higher post-operative complications.

REFERENCES

2. NICE Clinical Guideline CG171 “Urinary Incontinence in Women: Management”