

## BACKGROUND

- 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.

## METHODS

- 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.

## RESULTS

- Mean length of hospital stay was 3.3 days
- Three patients undergoing colposuspension had a concomitant procedure carried out (hysterectomy, excision of trans-vaginal mesh tape and a posterior vaginal repair). One patient had an intraoperative bladder injury – this was repaired immediately.
- 2.5% of patients overall reported persistent stress urinary incontinence
  - 1.7% in the autologous fascial sling group
  - 4.8% in colposuspension group
- Of note in the patients undergoing autologous fascial sling insertion as a secondary procedure for stress urinary incontinence there was no incidence of persistent stress urinary incontinence.
- Overall incidence of de novo urgency urinary incontinence was 11.3%
  - 6.7% in primary autologous fascial sling
  - 5.2% in secondary autologous fascial sling
  - 9.5% in colposuspension
- Intermittent self catheterisation rates were 15%
  - 16% following AFS
  - 9.5% following colposuspension
- There were no Clavien-Dindo grade 3 or higher post-operative complications.
- Overall superficial wound infection rate was 13.7% and recurrent UTI rate was 8.75%.

## 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 are as expected
- Given the ongoing discussion regarding the use of synthetic materials in the surgical management of stress urinary incontinence we have demonstrated that contemporary outcomes of conventional procedures such as Burch colposuspension and autologous fascial sling insertion remain a viable and good option for treatment.

## REFERENCES

1. Fusco F., Abdel-Fattah M., Chapple CR et al "Updated systematic review and meta-analysis of the comparative data on colposuspensions, pubovaginal slings and midurethral tapes in the surgical treatment of female stress urinary incontinence" Eur Urol 2017 May 4. pii: S0302-2838(17)30334-2
2. NICE Clinical Guideline CG171 "Urinary Incontinence in Women: Management"