

372 Female Stress Urinary Incontinence treatments with adjustability single incision sling (Altis), our experience

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Introduction

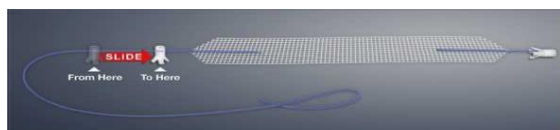
The aim of this study is to describe the surgical technique, and middle-term results of the adjustability single incision TOT sling (Altis) for the surgical treatment of stress urinary incontinence.

INCLUSION CRITERIA:

Patients with genuine SUI and patients with SUI plus concomitant procedures as prolapse.

EXCLUSION CRITERIA:

Patients with ISD and or neurogenic incontinence.



Methods

The patient-reported cure rate, objective cure rate, operative time, postoperative pain, lower urinary tract injuries, groin pain, postoperative voiding difficulties, de novo urgency, vaginal tape erosion, and other related data on both surgical methods were evaluated.

There are four components that make up the Altis Single Incision Sling System: the introducers, the sling, the anchors and the tensioning suture. The anchors are placement into the obturator membrane with the introducers as a set for the inside-out approach. The sling is 7.75cm and spans from obturator to obturator. Extending from the sides of the sling is a size 1 PP monofilament suture that is attached to the sling body. The suture extending from the sling and through the dynamic anchor or the movable anchor is designed for two way adjustability. The dynamic anchors holding force and suture design prevents sling movement during the tissue in-growth period. This also eliminates the need for a locking mechanism. Following the procedure, the excess suture is cut and discarded.

Results

30 patients with a mean age of 55 years (from 36 to 79) Follow-up period: 24 months. SUCCESS RATE: (83%) Improved rate: 4% Failure rate: 3% Mean operating time of sling procedure alone: 11 minutes

COMPLICATIONS:

3 patients had mesh extrusion solved with estrogens, no voiding difficulties and no dysuria



Conclusions

SIMS-Altis is safe and effective in the treatment of female stress urinary incontinence. The results of the study suggest that the adjustability single incision sling (Altis) can be considered a minimally invasive TOT with no-needles and maintaining the same cure rate than our TOT cases at 2 years follow up. Compared with TVT-O/TOT surgery, SIMS-Altis surgery has the same high objective cure rate and patient-reported cure rate and low incidence of perioperative complications, in addition to its short operative time and low incidence of groin pain. Its long-term efficacy needs further observation.