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TO FORM URETHRA-VESICAL ANGLE FOR TREATMENT OF FEMALE STRESS URINARY INCONTINENCE: A NOVEL TECHNIQUE

Synopsis of Video

It is estimated that to 10,6% of adult women suffer from varying degrees of stress urinary incontinence (SUI). Minimally invasive procedures have recently been developed to treat female SUI. In this film we describe a new vaginal technique to treat female SUI.

Hypothesis / aims of study

In this film we describe a new vaginal technique to treat female SUI. This technique decreases the angle of the urethro-vesical junction.

Study design, materials and methods

In this procedure patient was in the dorsal lithotomy position. Intitially,400 millilitres of saline solution was given via a Foley catheter to test for urinary leakage. A cystoscopic examination showed that the bladder neck was open. A vertical incision was made 2-3 cm above and 2-3 cm below the urethro-vesical junction in the anterior vaginal wall until the perivesical and periurethral fascia was exposed. The incision was performed in the vaginal tissue which was dissected laterally using cauterization. A 2,5-3 x 2,5-3 cm piece of folded prolene mesh was placed into the dissected suburethra-vesical tissue and buried into the urethra-vesical junction, close to the bladder -neck next to the urethra using prolene sutures. The dissected suburethro-vesical-vaginal tissues were joined in several places using vertical prolene sutures. Finally a transverse closure was performed.

Results

41 women underwent the following procedure since March 2002 under general or regional anesthesia. Their mean age was 49,1 years (range from 34-68). Pre-operative evaluation was conducted for one year using pad-test, coughing test, and urodynamics.

Interpretation of results

The mean operation time was 26 minutes, mean blood-loss was 40 ml, and the mean time to for patients to urinate without a catheter was 24 hours. The postoperative evaluation was conducted in the third, twelfth months and 2nd years. The cough-test results in 92% of the patients were negative at the twelfth month. 83% of the patients were completely dry and substantially continent, not requiring protection. There were no incidences of urethral and bladder perforation and there were no hematomas reported.

Concluding message

This procedure is indicated for female Stress Urinary Incontinence with urethral hypermobility with or without Grade I-II cystocele. It also, with a bulking effect, reduces the urethra-vesical angle and fixes the urethra. This new procedure is simple, mini-invasive, reproducible and efficient with low morbidity and good tolerance. Longer follow up in a larger population to assess the reliability of this novel technique would be advisable.

Specify source of funding or grant	**Non**
Is this a clinical trial?	**Yes**
Is this study registered in a public clinical trials registry?	**No**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**Yes**
Specify Name of Ethics Committee	**Selcuk University**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**