ROLLED FORTIFIED VAGINAL WALL FLAP FOR THE TREATMENT OF SUI

Hypothesis / aims of study
Vaginal wall flap has been used since decades to create slings for the treatment of SUI. Tension-free vaginal flap (TVF) has been successful in our hands in the treatment of SUI. The main drawback of using the vaginal wall as a sling is its tendency to weaken and stretch over time. Also, in patients with type III SUI, a higher degree of tension is required to offer the patient better results. Vaginal rectangular island flap can correct both SUI and associated cystocele. Absence of the use of any synthetic material together with the low cost make the vaginal wall a favorite material for the treatment of SUI.

Study design, materials and methods
After fashioning of the rectangular flap, its surface is cauterized and rolled on itself in order to double the layer of vaginal wall support and make it less elastic and hence less stretchable. Two diagonal rows of 0 Prolene sutures were taken to further fortify the vaginal flap. The rolled flap is then suspended by two threads attached to both its ends and passed to the suprapubic area and fixed without tension.

Results
The procedure was performed in 14 female patients with type III SUI. After a mean follow up of 18 months, 12 patients (85.7%) are dry and continent. Only one patient suffered from transient retention for one week post-operatively.

Interpretation of results
This technique has a high success rate.

Concluding message
This is a simple method to reinforce vaginal wall flaps in the treatment of SUI type III. Long-term follow up is still required to evaluate the durability of the procedure.