

MINIMIZING THE COST OF SURGICAL CORRECTION OF STRESS URINARY INCONTINENCE AND PROLAPSE

Hypothesis / aims of study

Stress urinary incontinence (SUI) with or without pelvic organ prolapse (POP) is a common urologic problem that has a negative impact on the quality of life of those affected. Over the past decade the surgical treatment of this disorder has evolved to the transvaginal placement of support materials to correct incontinence and prolapse. Kits, using biomaterials and synthetic products have been developed to reduce morbidity and operating time. Surgeon tailored prolene mesh for the treatment of SUI with or without POP is another option, with published long term durable success. The aim of this study was to review the operative costs, operative times, and hospital stay associated with the use of incontinence kits with or without biomaterials versus surgeon tailored prolene mesh (STPM) in the treatment of SUI with or without POP.

Study design, materials and methods

All operations for uncomplicated SUI with or without POP were reviewed from 2007 – 2008. Operative billing sheets including operative time, hospital's cost and the patient/insurance billing cost were obtained and reviewed. Surgeon payment was not included in the analysis. Hospital stay and operative time were also compared.

Results

For simple SUI alone average operative charges to the patient/insurance were \$3928 for the STPM and \$6150 for commercial kits (CK). For SUI with anterior prolapse, the average operative charges were \$4919 for STPM and \$9692 for CK. Finally, for SUI with anterior and posterior prolapse the average operative charges were \$6435 for STPM and \$12042 for CK. All of these differences were significant (p <0.01). There were no significant differences in operative time or hospital stay.

Interpretation of results

The use of STPM for the treatment of incontinence with or without prolapse is significantly less costly for the hospital and the patient/insurance compared to CK. The use of STPM did not increase operative time or post-operative hospital stay when compared to pre-fashioned kits.

Concluding message

STPM is less costly compared to CK without added operative time or hospital stay.

Formatted: Font: (Default) Arial, 9 pt, Not Bold

Formatted: Font: (Default) Arial, 9 pt, Not Bold, Font color: Auto

Formatted: Font: (Default) Arial, 9 pt, Not Bold

Formatted: Font: (Default) Arial, 9 pt

Formatted: Font: (Default) Arial, 9 pt, Font color: Auto

Formatted: Font: (Default) Arial, 9 pt

Formatted: Font: (Default) Arial, 9 pt, Font color: Auto

Formatted: Font: (Default) Arial, 9 pt, Font color: Auto

Formatted: Font: (Default) Arial, 9 pt, Font color: Auto

<u>Specify source of funding or grant</u>	None
<u>Is this a clinical trial?</u>	No
<u>What were the subjects in the study?</u>	NONE