

LONG-TERM FOLLOW-UP OF THE INTRAVAGINAL SLINGPLASTY (IVS) FOR FEMALE STRESS URINARY INCONTINENCE

Hypothesis / aims of study

Intravaginal slingplasty (IVS) is an alternative technique in the treatment of stress urinary incontinence in women and the material of mesh is different from tension-free vaginal tape (TVT) procedure. The author reports the long-term results of IVS and compares to the long-term results of TVT procedure.

Study design, materials and methods

50 women treated with IVS were compared to 50 women treated with TVT. The follow up period of all patients was mean of 60 months. All patients were preoperatively evaluated with detailed history, physical exam, 1 hour pad test and urodynamic study. Operation was carried out under general anesthesia. Operation time, hospitalization time, perioperative complication, cure rate and long-term follow-up data were evaluated. Long-term follow-up data was obtained from questionnaires on whether or not continuation of stress incontinence and subjective satisfaction.

Results

Two groups were similar in their mean ages, body mass index and mean parities.

No patient demonstrated uninhibited detrusor contraction in cystometry. Mean operation time were 29.4 minutes (20-40), 31.6 minutes (25-40), and mean hospitalized duration were 3.3 days, 4.0 days for IVS and TVT, respectively. Perioperative bladder injury were 0 case (0%) and 2 cases (4%) and hemoglobin decrease were 1.5 gm/dl and 1.7 gm/dl for IVS and TVT, respectively. Vaginal erosion and infection were 4 cases (8%)

(1 case was happened within 1 year and 2 cases were after 2 years and 1 case was after 3 years) in IVS and 0 case (0%) in TVT, respectively. Objectively, 3 months postoperative cure/improved/failed rates were 88%/12%/0%, 84%/16%/0% for IVS and TVT, long-term follow-up cure/improved/failed rates were 76%/20%/4%, 80%/12%/8% for IVS and TVT, respectively. Subjective satisfaction rates with the procedure were 80% and 88%, respectively.

Interpretation of results

There were no significant difference in long-term continence status, long-term satisfaction and long-term complication of procedures between groups.

Concluding message

Both procedures had equally high rate of long-term cure, satisfaction and perioperative complication in the surgical treatment of stress urinary incontinence. But there were long-term complication like vaginal erosion in IVS. So we must keep the eye on IVS cases for a long period.

Specify source of funding or grant	none
Is this a clinical trial?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	No
This study did not require ethics committee approval because	because this study was retrospective chart review
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	No