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THE RESULTS OF REDO OPERATION OF RECURRED INCONTINENCE IN SURGICALLY MANAGED PATIENTS.

Hypothesis / aims of study
Despite midurethral sling surgery has the high success rate in the stress incontinence, the treatment of recurred stress incontinence after operation is not yet established. Therefore we reoperated recurred incontinence in surgically managed patients and would like to report the success rate and satisfaction of each operation.

Study design, materials and methods
We analyzed 21 surgically managed patients with recurred incontinence who had redo-midurethral sling surgery about the type of prior operation, period of recurrence, the type of operation when reoperated, satisfaction after reoperation and the result of redo operation. The operational result is evaluated as, no incontinence at hard exercise and increased abdominal pressure as complete cure, remarkably decreasing of incontinence so the patient need no more treatment as improvement, and the others as failure.

Results
The average age was 52.05 years (35-65), the average period of recurrence was 8.52 months (1-24mon), and the average follow up period after the redo operation was 21moths (3-61).
Two patients were Stamey grade I, 14 paients were II, 5 patients were III in the grade of symptoms. Seven tenstion free vaginal tape (TVT), 10 transobtruator tape (TOT), 4 TVT-secure were the prior operations and 9 TVT, 7 TOT, 5 REMEEX® were the redo operations. Ten complete cure (47.6%), 9 improvement (42.8%), 2 failure (9.5%) were the result of redo operation and the overall success rate was about 90.5% (Fig. 1). Six patients of TVT (85.7%) group, 9 of TOT (90%), 5 of REMEEX® (100%) showed complete recovery or improvement as the result of each operation.

Interpretation of results
There is no difference in success rate according to method of redo operatrion of reccurred incontinence (Fig. 2).

Concluding message
High success rate and satisfaction was shown in surgically managed patients with redo operation of recurred incontinence. Therefore suitable operation should be done in variety of patients and long term follow up studies should be needed.

Fig. 1. Overall success rate of redo operation.

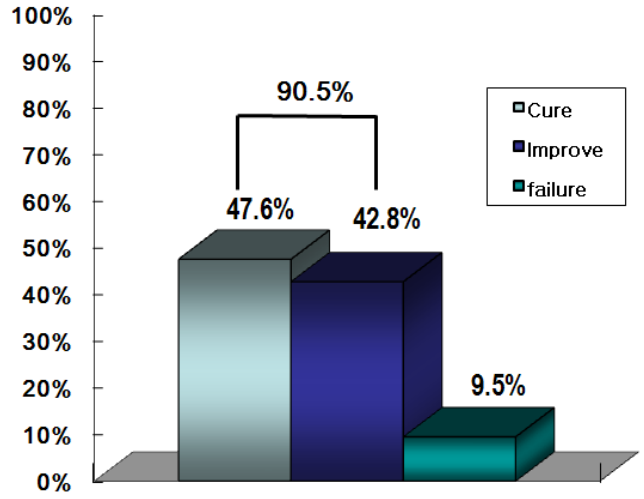
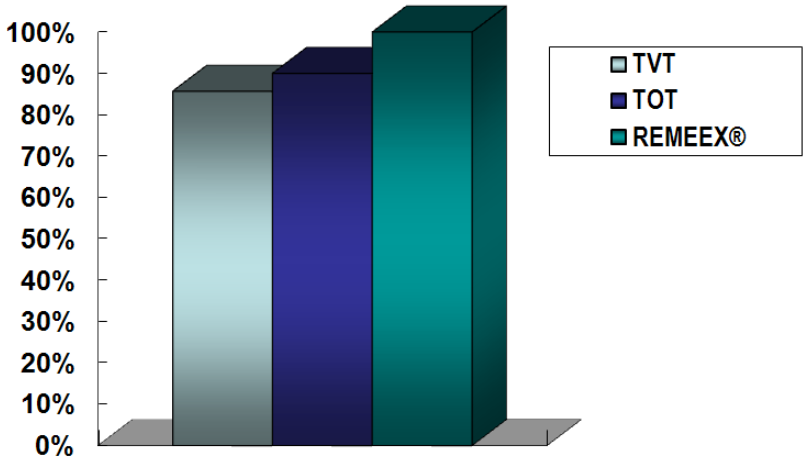


Fig 2. Success rate according to method of redo operation



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