# 339 Era of ‘post-mesh’ surgery for stress urinary incontinence in a large, UK teaching hospital: A structured training evaluation and audit

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## Introduction

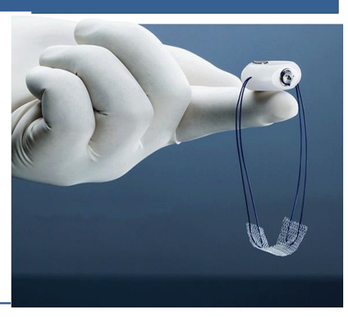
Stress urinary incontinence (SUI) is a common symptom affecting a third of women and having a significant impact on both quality of life and healthcare resources. In July 2018, a suspension of the use of synthetic mesh/tape to treat urinary incontinence was announced in the UK, eliminating the most researched incontinence procedure that has provided the mainstay of surgical treatment for women with SUI over the past 20 years (1).

Following this pause, colposuspension and autologous fascial sling (AFS) have become the most frequently offered surgical treatments for women with stress urinary incontinence in the UK.

In a unit that placed over 100 suburethral meshes annually, a structured training programme was undertaken which included urogynaecology surgical courses, supervised theatre sessions visiting specialist external centres and return visits to the base unit and simulated training on laparoscopic trainers to enable surgical alternatives to be offered quickly and safely.

## Aim

Our aim was to audit these procedures against NICE standards and evaluate our new training provision.



## Methods and Materials

Data was obtained from the BSUG database on all laparoscopic colposuspension and AFS procedures performed between November 2018 and March 2020. This identified 26 patients, 13 of each procedure, on which a retrospective audit was carried out using PPM+ (electronic patient record).

The new training design was evaluated using operative time, quality of life scores, global impressions of improvement, complications and follow up and these were compared against NICE standards for SUI procedures (2).

**Table 1.** Stress urinary incontinence symptoms

| | Cure | Improvement | No change |
|---|---|---|---|
| **Colposuspension** | 11 | 0 | 2 |
| **AFS** | 9 | 3 | 1 |

**Table 2.** Operating times

| | Shortest time (mins) | Longest time (mins) |
|---|---|---|
| **Colposuspension** | 88 | 150 |
| **AFS** | 43 | 74 |

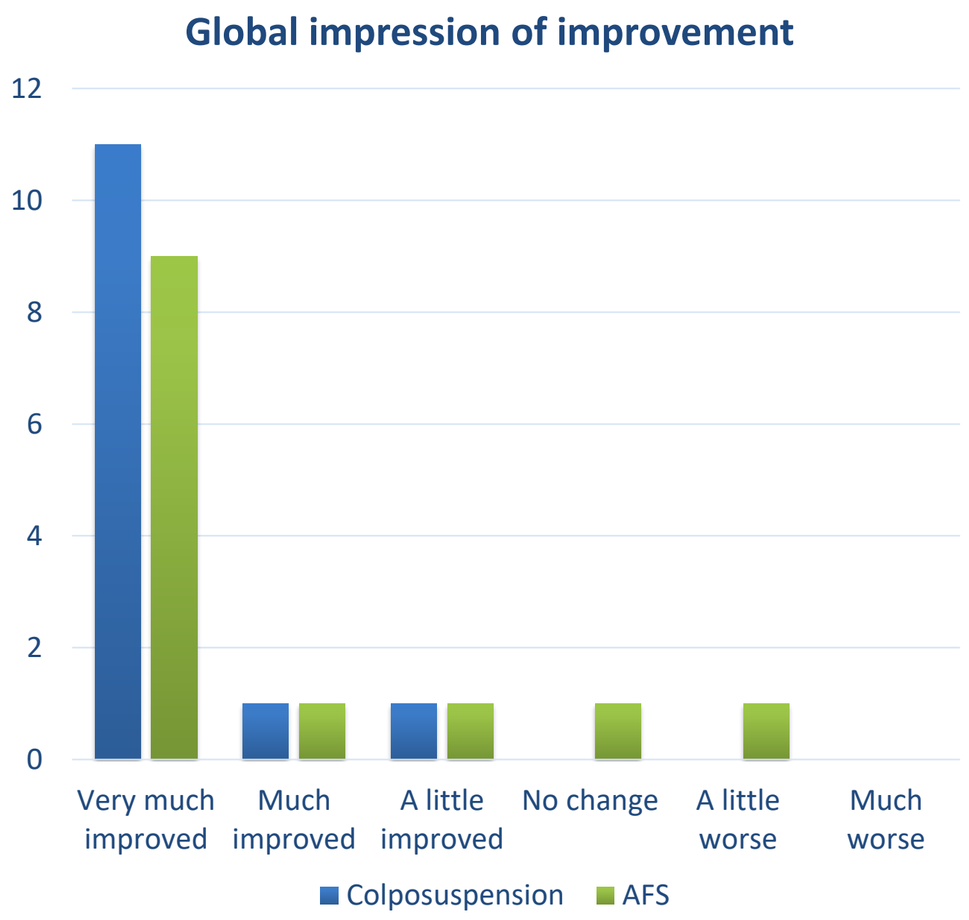
**Table 3.** ICIQ – UI scores

| | Mean ICIQ-UI score Pre-op | Mean ICIQ-UI score Post-op |
|---|---|---|
| **Colposuspension** | 18 | 1 |
| **AFS** | 18 | 5 |

## Results

All 26 patients had undergone supervised pelvic floor physiotherapy for 3 months and been discussed in the local MDT meeting prior to surgery. In the colposuspension group, operative time ranged from 88-150 minutes, there were no intraoperative or post-operative complications and 85% (11 patients) reported improved or cured symptoms. This compares with an operative time of 43-74 minutes, 1 bladder injury, 1 post-operative hospital readmission and a 92% (12 patients) improvement in symptoms or cure rate in the AFS group.

**Figure 1.** Quality of life scores




## Discussion

The suspension of mesh procedures for urinary incontinence in the UK made it necessary for units to offer alternative surgical options to women efficiently and safely. By implementing robust training with supervision from expert practitioners, it has been possible to introduce new procedures with successful results, avoiding potential negative consequences of prolonged learning on patient outcomes.

Urogynaecology units in the UK should consider implementing a similar training programme or referring patients to a tertiary centre for stress incontinence surgery.

## Conclusions

Colposuspension and autologous fascial sling procedures have shown success rates of 85% and 92% respectively at treating symptoms of SUI in our unit; greater than NICE quoted rates.

Symptom control scores, quality of life scores and complication rates were all in-keeping with or better than those quoted by NICE.

The surgical alternatives to vaginal mesh are successful procedures and are associated with very few complications.

## References

1. NHS England. July 2018. Vaginal mesh: High vigilance restriction period. 47560_embargoed-to-00-01-10-july-2018-mesh-letter-to-acute-ceos-and-mds.pdf (bsug.org.uk)
2. NICE. 2019. Surgery for stress urinary incontinence: patient decision aid. surgery-for-stress-urinary-incontinence-patient-decision-aid-pdf-6725286110 (nice.org.uk)