

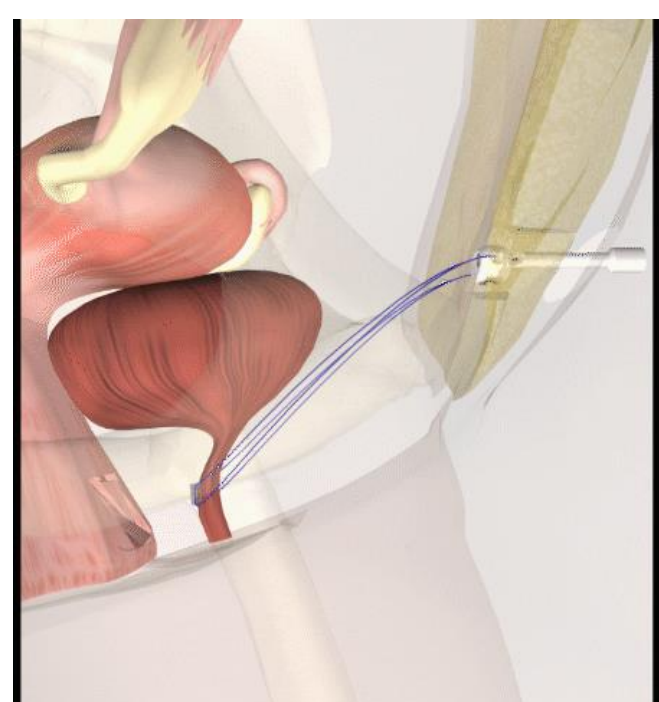
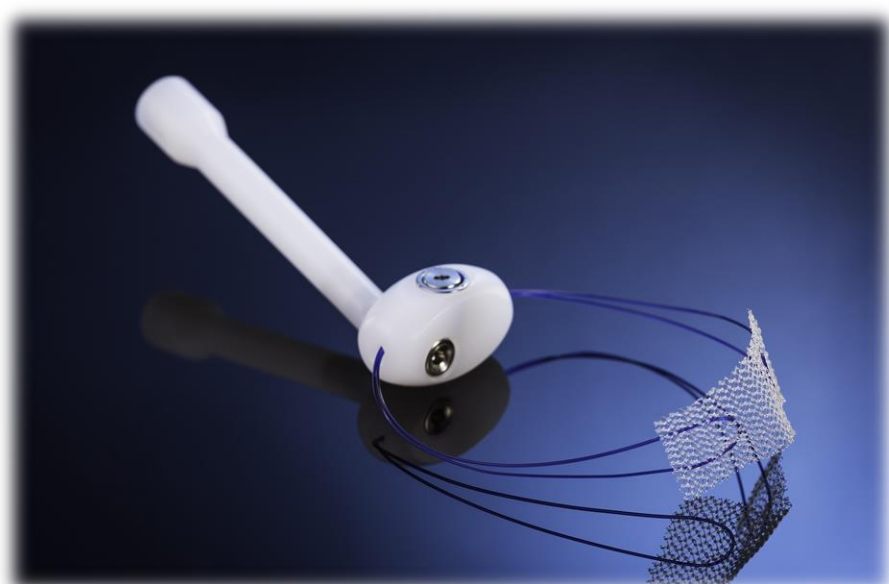
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Hypothesis / aims of study

The challenges of anti incontinence surgery for complicated stress urinary incontinence are:

- The Tension of the Sling
- Recurrent stress urinary incontinence
- Stress urinary incontinence in association with detrusor underactivity

In these patients, the right balance between tension and continence should be found. The Remeex is the only female readjustable sling that allows adjustment over time. There are studies in the literature with this device in patients with recurrent stress incontinence and detrusorial hypocontractility. However, follow-up is not long (A mean follow-up of 89 months (26-159) Cure rate 80.5%) *Neurourol Urodyn.* 2018 Apr;37(4):1349-1355



The aim of this study was to evaluate the long term outcomes and complications of the Remeex system in women treated in a single centre

Study design, materials and methods

It is a prospective study conducted from 2014 to 2023. The study was approved by Ethics Committee and patients provided written informed consent

Inclusion criteria

- Age over 18 years
- Recurrent SUI after anti incontinence surgery
- SUI and Detrusor underactivity

Exclusion criteria

- Previous POP surgery
- Diabetes or neurological disease
- POP ≥ stage II

- ❖ Preoperative work out included: history, pelvic examination, urodynamic study, trans labial ultrasound
- ❖ Patients completed self-administered UDI-6, IIQ7, FSFI
- ❖ Patients were followed up at 1, 3, 6, and 12 months after surgery
- ❖ The complications was classified using both the ICS/IUGA and Clavien–Dindo classification

Statistical Analysis

The Mann-Whitney and Wilcoxon tests for unpaired and paired data, respectively, were used to compare ordinal and non-normally distributed continuous variables. Categorical data were analyzed by the McNemar, chi-square or Fisher exact test. Two-tailed p <0.05 was considered significant. All calculations were performed with IBM® SPSS®, version 22.0

Results and interpretation

25 female patients were included
20 patients had detrusor underactivity
5 had persistent stress urinary incontinence after TOT
They underwent to readjustable TVT (Remeex®).

The mean follow up was 93±5 months
The success rate was 95.3%

Complication	N (%)
Bladder injury	2/20 (10%)
Long-term adjustment	2 /20 (10%)
Acute urinary retention	1/20 (5%)
Removing the Device	1/20 (5%)
Device infection	0
De novo urgency	5/20 (25%)

Only 1 grade III complication according to Clavien-Dindo classification has been reported (vaginal mesh exposure 2AaT3S2)

Conclusions

Remeex is safe in women with SUI and DU, and in women with recurrent SUI, and the presence of the varitensor allows for tension regulation that could not be guaranteed otherwise