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ADJUSTING FEMALE STRESS URINARY INCONTINENCE

Hypothesis / aims of study

Urinary incontinence (UI) has been described as a complaint of any involuntary leakage of urine. Stress urinary incontinence (SUI) is estimated to affect 13-46% of women. The most common surgeries performed worldwide are the tension-free vaginal sling procedures, using a transobturator (TOT) or retropubic approach (TVT).

The objective of this communication is to show our results about efficacy and safety of a novel adjustable single incision sling, for the treatment of SUI, with more than 12 months follow-up.

Study design, materials and methods

One-hundred thirty women (130) were implanted from February 2012 to February 2016. We analyze one-hundred patients with a minimum follow-up of 12 months. Mean age was 58 years (31-87). Fifty-five patients were mixed incontinence. Twelve patients were operated on pelvic organ prolapse (POP) at the same time. Five patients suffered neurological illness and one patient was performed Studer neobladder previously.

These data represent outcomes, measured by a cough stress test, International Consultation on Incontinence Questionnaire Short Form (ICIQ-SF) and complication registration following IUGA recommendations. Follow-up was performed in 1, 6, 12 and 24 months after surgery.

Success criteria were:

- Success: negative cough stress test.
- Improve: positive cough stress test with less ICIQ-SF index.
- Failed: positive cough stress test with the same or worse ICIQ-SF index.

Results

One-hundred women were implanted, with a mean follow-up of 28 months (12-49). Success was referred in 96% of patients at the first month of follow-up, 92% with 6 months, and 91% at 12 months (100 patients). During the first year, 4 patients improved and five patients failed; four patients were reoperated using TVT-adjustable procedure.

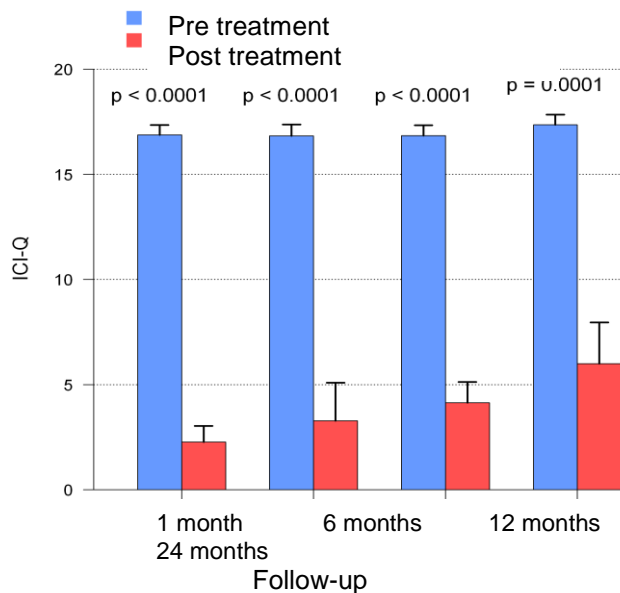
At 2 years follow-up, 91% of patients were dry (51 of 56 patients).

Fifteen patients had been treated previously for SUI with different techniques. 86% of these were cured (13).

Fifty-five patients were mixed incontinence. Ninety-four percent (52) were cured of SUI after surgery and, of these ones, 49% were cured of urgency urinary incontinence (27).

There were minor complications. Two patients presented vaginal extrusion (3A T1 S1 y 3A T2 S1) and two patients suffered limited vaginal hematoma (no IUGA). Three patients developed de novo urgency urinary incontinence. One patient presented self-limited urinary retention and needed self-catheterization. High postvoiding residue was assessed in two patients (4B T2 S1). Urodynamics were performed and bladder outlet obstruction was probed, with the result that sling was cut. Chronic groin pain was developed in two patients (1Be T2 S3 y 1Bd T2 S3), and they have been treated with pharmacological and physical treatments.

Decreasing ICIQ-SF index showed high statistical significance during follow-up ($p < 0.001$). Satisfaction and benefit were high.



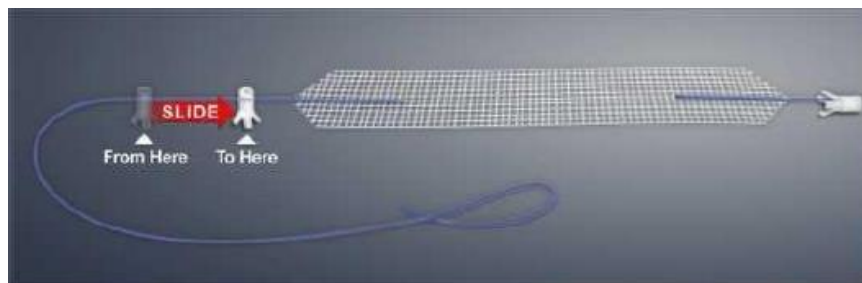
Interpretation of results

This is the largest group of implanted patients with this single incision sling.

This device has proved high efficacy and good safety during follow-up (1,2). Their fixations secure the success of surgery, but their position through the internal obturator muscle must be careful, because it is associated with groin pain.

Adjustment does possible to choose the correct tension of the mesh and guarantees better success than with other slings.

Low rate of complications allows using this device with confidence.



Concluding message

Altis® Single incision sling is an efficacy and safety device for the treatment of SUI in females. This hopeful initial data must be confirmed during follow-up and with more patients implanted. Patients must be followed to look after complications and make sure long-life of sling.

References

1. The safety and efficacy of a new adjustable single incision sling for female stress urinary incontinence. Kocjancic E, Tu LM, Erickson T, Gheiler E, Van Drie D. J Urol. 2014 Nov;192(5):1477-82.
2. Short-term outcomes of Altis single-incision sling procedure for stress urinary incontinence: a prospective single-center study. Dias J, Xambre L, Costa L, Costa P, Ferraz L. Int Urogynecol J. 2014 Aug;25(8):1089-95.

Disclosures

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