RECURRENT FEMALE STRESS URINARY INCONTINENCE

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Purpose: To investigate the effectiveness of repeat suburethral sling for recurrent stress urine incontinence (SUI) in women.

Materials and Methods: From May 1994 to November 2015, 35 women with SUI who received repeat suburethral sling procedure were retrospectively reviewed. The treatment outcome was assessed by direct or telephone interview. Patients also received transrectal sonographic examination of the bladder and urethra. The sling position and urethral incompetence during straining was examined after sling procedure.

Results: The overall continence rate after repeat sling procedure was 71.4% (25/35) within 10 years of follow up. Of the 35 women, 19 received a simple retropubic puvovaginal sling procedure (PVS), 16 received combined PVS and other pelvic floor surgery. The overall success rate in the simple PVS group is (16 out of 19, 84.2%) whereas in the concomitant surgery is (5 out of 16, 31.3%), p = 0.001. The overall success rate in the earlier 17 women was 88.9% vs. 11.1% (p = 0.015) in simple PVS and combined procedure, respectively. The success rate in the latter 18 women was 80.0% vs. 20.0% in simple PVS and combined procedure, respectively (p = 0.145). Sling position was identified in 25 women after repeat simple PVS. The success rate was 50% (2/4) at bladder neck, 87.5% (7/8) at proximal urethra, 36.4% (4/11) at middle urethra, and 0% (0/2) at distal urethra (p = 0.122). Only 1 patient had bladder injury during simple PVS procedure. Urinary tract infection developed in 3 patients (8.5%), 2 had postoperative bladder outlet obstruction necessary for urethrolaxy (5.7%) and sling erosion was noted in 2 (5.7%). Age, body mass index (BMI), parity, and the status of previous hysterectomy showed no significant difference in influencing the continence rate of repeated sling.

Conclusion: Repeat suburethral sling procedure for recurrent SUI was safe and effective. The sling position of PVS procedure at the proximal urethra had a relatively higher continence rate than locating at the other site.