

TINE-FREE, SHEATH-FREE, INELASTIC RETROPUBIC SLING (SUPRIS) FOR STRESS URINARY INCONTINENCE

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T.F. Mattox, E.J. Stanford, S. Oakley

Objectives: To review our experience with a tine-free, sheath-free inelastic sling for stress urinary incontinence.

Method: Patients who had undergone only a sling procedure (Supris) from January 2007 to June 2010 were reviewed. Outcomes and complications were noted.

Results: Two hundred for patient met criteria for study entry. Stress incontinence was identified in 182 women, with 87 having a component of intrinsic deficiency. Mixed incontinence was identified in 22 patients. Physician examinations were noted for urethral mobility (q-tip test) ranging from 10-90 degrees. POP-Q Aa values averaged -1.2 (range -3 to 0). Patient all underwent surgery on an outpatient basis using sedation and local anesthesia. Intraoperative complications included 16 (7%) bladder trocar perforations. Post operatively, two patients had transient urinary retention, 29 patients experienced a bladder infection. Urinary incontinence persisted in 21 patients (10% failure rate) and 33 patients experienced urge incontinence. Patient satisfaction was noted to be 88% (satisfied or better), with 80% being very to extremely satisfied. No mesh became infected / eroded or required explanting.

Conclusions: The Supris sling appears both safe and effective. Neither tines nor sheaths appear to affect the efficacy of a retropubic sling.

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Abstract 1105414



Tine Free, Sheath Free, Inelastic Retropubic Sling for Stress Urinary Incontinence

Susan Oakley MD,^{1,2} Edward Stanford MD MS,^{3,4} T. Fleming Mattox MD^{1,5}
¹University of South Carolina, Department of Obstetrics and Gynecology, ²Good Samaritan Hospital, Cincinnati, OH; ³Delta Memorial County Hospital, Colorado; ⁴Coloplast Consultant, AMS Research Grant Recipient; ⁵Coloplast Consultant, Astella Speaker, Ortho McNeil Speaker



BACKGROUND:

- ❖ Stress incontinence affects 4-35% of women¹
- ❖ Retropubic slings have been placed with cure rates of 84%²
- ❖ Retropubic slings have subjective cure rates of 62% with 80% satisfaction at one year³
- ❖ Complications include retropubic hematomas, bladder perforation, intraoperative bleeding, urinary retention, mesh exposure, rare GU injuries⁴
- ❖ Supris Sling (Coloplast™) is made from knitted, monofilament polypropylene with low elasticity, offering resistance to traction and facilitating positioning during surgery
- ❖ Purpose: to review our experience with a tine free, sheath free, inelastic sling

FIGURE 1. Sling Composition

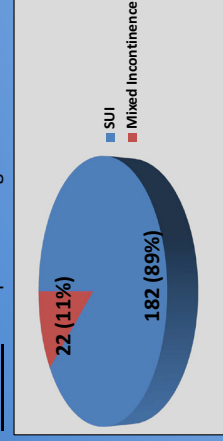


RESULTS:

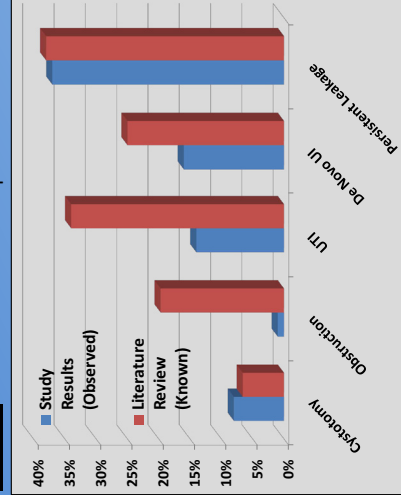
TABLE 1. Demographics

G 2.8 (0-7 range)	Smokers = 2	Q-tip = 36" (20-50", range)
P 2.5 (0-5 range)	Duration of Problem = 5.2 Yrs (0.1-50 Yrs, range)	Cystocele Grade = 1 (0-2, range)
Age 58 (29-86 range)	Uterus(+) = 92	POP-Q Aa = -1.2 - (-3-0, range)

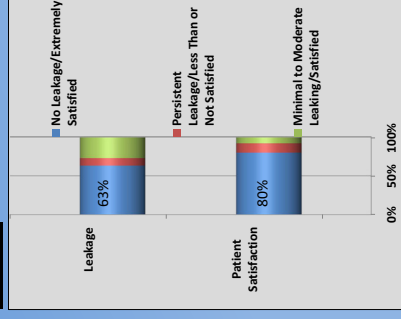
GRAPH 2. Pre Operative Diagnosis



GRAPH 3. Observed vs Known Complication Rates



GRAPH 4. Success Rates



CONCLUSIONS:

- ❖ The tine free, sheath free, inelastic retropubic sling appears to be safe
- ❖ Complication rates are comparable to those of other retropubic suburethral slings
- ❖ Patient satisfaction rates are consistent with results from TOMUS Trial (2004), both objectively and subjectively

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