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Tape Fixation: An Important Surgical Step to Improve Success Rate of Anti-Incontinence Surgery

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Purpose: Mid urethral slings are effective surgical treatment for stress urinary incontinence. However, 5% to 20% of patients still experience surgical failure with clinically significant recurrent or persistent stress urinary incontinence. Since a subset of these failures may be caused by improper tape position, we elucidated whether additional paraurethral fixation of a tape to prevent displacement during tensioning could improve the transobturator sling outcome.

Materials and Methods: The study was done in 463 patients with stress urinary incontinence who were randomly allocated to treatment with a standard transobturator intravaginal monofilament sling procedure (232) or to an intravaginal transobturator monofilament sling with additional 2-point tape fixation (231). Another 2 absorbable sutures parallel to the urethra were added to fix the tape and prevent displacement during tape tensioning. Outcome was assessed by a cough test and a 1-hour pad test at 12 months.

Results: Clinical efficacy of the procedure with fixation was significantly higher with 195 women (95.12%) cured or improved compared to the 199 (88.73%) cured or improved with the standard sling (chi-square 5.71, $p = 0.0169$). There was no increase in intraoperative or postoperative complications. Also, among patients with intrinsic sphincter deficiency we noted a significantly better outcome in the fixation group than in the control group, that is 39 of 41 patients (95.1%) cured or improved vs. 31 of 42 (73.8%) (chi-square 10.65, $p = 0.0011$).

Conclusions: Tape fixation significantly increases the clinical efficacy of the transobturator sling, especially in patients with intrinsic sphincter deficiency.

Editorial Comment

In this well designed work by Rechberger and cols. mid urethral slings are compared regarding their efficacy when coupled with a simple addition in the surgical technique: a pair of Vycril stitches alongside the urethra to assure better tape fixation and prevent displacement. Not only this simple technique improved results objectively and subjectively, but it also provided better clinical outcome in patients with ISD, which are known to be harder to treat. Some urogynecologists already perform this maneuver intuitively but this paper adds strong evidence that this is a valid intraoperative detail that may reflect in treatment results improvement.

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