

## CONTEMPORARY AUTOLOGOUS FASCIAL SLING FOR FEMALE STRESS URINARY INCONTINENCE: ITS ROLE IN THE ERA OF SYNTHETIC MID URETHRAL TAPES

### Hypothesis / aims of study

The surgical treatment of female stress urinary incontinence (SUI) has changed significantly over the past decade, with synthetic mid-urethral tape insertion now standard procedure. However, the widespread adoption of this technique has led to a small but significant increase in the incidence of serious mesh-related complications.

The autologous fascial sling (AFS) has equivalent long-term success rates but the traditional technique has been associated with higher post-operative morbidity and de novo overactive bladder symptoms. We believe that refinements in technique can avoid these problems with none of the risks associated with mesh. Here we review our experience with the AFS.

### Study design, materials and methods

We retrospectively reviewed the case-notes of all patients who underwent AFS insertion by a single surgeon at our institution over a 4-year period (2008-2012). The modified technique involved a small suprapubic incision, creation of a 'sling-on-a-string', and mid-urethral sling positioning in a tension-free fashion. Demographic, urodynamic and follow-up data were extracted.

### Results

Thirty-eight patients were identified. 52.6% reported pure SUI whilst 47.4% had mixed symptoms. Patients used an average of 3 pads per day (0-8), and 26% of patients had at least one previously failed SUI procedure. 95% of patients were completely dry at latest follow-up (6 months to 4 years). One patient developed de-novo overactive bladder (OAB) syndrome (lasting > 3months), and 2 patients (5.3%) required CISC long-term.

Post-operative symptom questionnaires revealed Patient Global Impression of Improvement (PGI) scores of 1.8 (1-4), indicating that patients were mainly very much or much improved. Mean post-operative ICIQ-OAB scores were 5.3 (1- 10) indicating a mild severity of OAB symptoms at a mean follow-up of 23 months (11- 47 months).

### Interpretation of results

With the contemporary technique of AFS insertion, the traditional peri-operative complication rate is reduced. In a heterogeneous group of women with primary or recurrent stress urinary incontinence, the AFS was found to have good short-term cure rates with impressive patient-reported satisfaction scores. We report a low rate of de novo OAB symptoms, and no cases of chronic pelvic, groin, or vaginal pain.

### Concluding message

In our experience the AFS has excellent short-term cure rates with a low incidence of de novo OAB symptoms or other complications. Whenever mesh related complications are unacceptable to patients the AFS is an alternative approach.

### Disclosures

**Funding:** NONE **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** Retrospective review of our experience of a well-established surgical procedure **Helsinki:** Yes **Informed Consent:** Yes