

Study: Single-Incision Sling Successful Tx for SUI

BY MICHELE G. SULLIVAN

KISSIMMEE, FLA. — The single-incision midurethral sling is a safe and effective treatment for stress urinary incontinence, with an 89% cure rate at 1 year after the procedure, based on the results of a small prospective study.

Although the intraoperative complication rate was low—6%—a cystoscopy should be performed immediately after the sling procedure to rule out any inadvertent urogenital injury, Dr. Bilal Kaaki said at the annual meeting of the AAGL.

In his series, “there were two intraoperative complications—one bladder perforation and a urethral perforation,” said Dr. Kaaki, an ob.gyn in Waterloo, Iowa. “A cystoscopy can rule out any such injuries.”

Dr. Kaaki reported on his series of 31 patients who underwent the procedure at Allen Memorial Hospital in Waterloo.

The patients’ average age was 56 years (range, 35-82 years).

Their mean body mass index was 32 kg/m²; they had

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Major Finding: The single-incision midurethral sling had an 89% cure rate for stress urinary incontinence at 1 year.

Data Source: Prospective study of 31 patients.

Disclosures: None reported.

borne an average of three children. All had a diagnosis of stress urinary incontinence, and 16% had undergone previous surgery for urinary incontinence.

The sling—a hammock-shaped polypropylene mesh—was inserted transvaginally through a single incision at the midurethral level.

The self-fixating tips were anchored in the obturator internus muscles.

Tension was adjusted intraoperatively by response to the cough stress test.

Patient response was measured at baseline and at 1 week, 2 months, and 1 year after the surgery. Measures included the cough stress test, the Urogenital Distress Inventory Short Form (UDI-6), and the Incontinence Impact Questionnaire (IIQ-7).

At 1 week, there was an objective cure rate of 92%, as measured by a negative finding on a standing cough stress test. The patients who failed the stress test at 1 year also had reported stress incontinence at the 2-month visit, but elected to have no further treatment, Dr. Kaaki said.

At 1-year follow-up, the cure rate was 89%. Compared with baseline scores, scores at 1 year on both the UDI-6 and IIQ-7 were significantly reduced. Changes in these scores were not significantly associated with age, body mass index, parity, or prior surgery.

Also at 1 year, 60% of the group reported the surgery as “very successful,” and 35% reported it as “moderately successful.”

There were three postoperative complications: two cases of urinary retention that required release of the surgical tape and one case of pyelonephritis. There were no erosions, extrusions, or infections, and no hematomas or blood transfusions.

Dr. Kaaki said the procedure has the potential of being performed in the office, but more research is needed for validation. ■

More Procedures, More Elderly Seen in SUI Surgery Trends

BY DAMIAN McNAMARA

HOLLYWOOD, FLA. — Women 65 years and older account for a growing proportion of surgeries for stress urinary incontinence in the United States, based on a study of inpatient trends from 1993 to 2006.

“Providers are not shying away from procedures in the elderly,” Dr. Alison Catherine Weidner said at the annual meeting of the American Urogynecologic Society.

This study of the Nationwide Inpatient Sample (NIS) also reveals a dra-

any coding changes could account for the jump.

“Coding practices were actually quite stable,” Dr. Weidner said. “We compared ICD-9 coding books from year to year, and the wording did not change much.”

The total number of SUI inpatient surgeries increased over time—from about 18,500 in 1993 to 114,600 in 2002; the number fell slightly to about 95,600 in 2006, the last year of the study.

Dr. Weidner, lead author Dr. Jennifer M. Wu, and their associates assessed both urinary incontinence ICD-9 diagnosis code and ICD-9 SUI procedure codes to calculate the total number of such surgeries per year in women aged 20 and older.

The rates of SUI procedures in elderly versus nonelderly patients (defined as those younger than age 65 years) changed over time as well. “In 1993, rates were fairly similar,” Dr. Weidner said. But rates were significantly different in 2006: 124/100,000 elderly vs. 76/100,000 among nonelderly patients that year. Age-adjusted rates were calculated using 2000 U.S. census data.

“Since 1997, the introduction of the midurethral sling [has] changed practice patterns,” Dr. Weidner said. For example, in 1993, “other repair” of SUI accounted for 34% of procedures. “There was a dramatic shift in 2006 to other repair of SUI being most common at 72%,” Dr. Weidner said. In the first year of the study, retropubic suspensions comprised 45% of procedures but only 17% in 2006. At the same time significant decreases in “less effective” procedures such as Kelly plication and needle suspensions were observed, with rates dropping below 2% each in 2006. ■

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Major Finding: Older U.S. women received a growing proportion of surgeries for stress urinary incontinence on an inpatient basis between 1993 and 2006.

Data Source: A study of the Nationwide Inpatient Sample to ascertain trends in stress urinary incontinence surgeries.

Disclosures: None reported.

matic increase in stress urinary incontinence (SUI) procedures around 2002. This spike in numbers coincides with the 2001 publication supporting the efficacy of midurethral slings, Dr. Weidner said (Int. Urogynecol. J. Pelvic Floor Dysfunct. 2001;12[suppl. 2]:S5-8).

The promotion of new tension-free vaginal tape systems for midurethral slings may account for some of the increase, a meeting attendee commented.

“It was increased clinical use in response to marketing, but also to good data,” replied Dr. Weidner, chief of the division of urogynecology in the department of obstetrics and gynecology at Duke University Medical Center, Durham, N.C. The database tracks the number of procedures by ICD-9 coding.

Another meeting attendee asked if

Stress Urinary Incontinence Does Not Require Combo Tx

BY DAMIAN McNAMARA

HOLLYWOOD, FLA. — A combination of clinical therapies is not always superior to a single treatment alone, as in the combined use of behavioral treatment and pessary placement for women with stress urinary incontinence, based on a multicenter study of 445 women.

“Because there was no significant difference versus behavioral therapy, we cannot say that combined therapy was better than single treatments,” Dr. Holly E. Richter said.

“Nonsurgical options should be offered, but there is surprisingly little evidence available for these options,” Dr. Richter said at the annual meeting of the American Urogynecologic Society.

To find out more, Dr. Richter and her associate Dr. Kathryn L. Burgio with the Pelvic Floor Disorder Network studied 445 women with stress urinary incontinence. They randomized 150 participants to combination therapy, 146 to behavioral treatment, and 149 to a pessary to determine if two treatments are, in fact, better than one.

At 3 months, they found no significant differences in the percentage reporting “much better” or “very much better” on the Patient Global Impression of Improvement (PGI-I) scale. This outcome was reported by 53% of the combination group, 49% of the behavioral group, and 40% of the pessary group in an intent-to-treat analysis of the data.

“How has this [study] changed your practice?” a meeting attendee asked. Dr. Richter replied, “It has changed my counseling of patients. This trial is giving us a little more insight into how we may address these treatments with our patients.” For example, even though a greater percentage of women reported

VITALS

Major Finding: The combination of behavioral therapy and pessary placement for women with stress urinary incontinence is not significantly better than the single treatments alone.

Data Source: A multicenter study of 445 women with stress urinary incontinence.

Disclosures: None reported.

improvement, “we know some women are not going to adhere to behavioral therapy.” Treatment of stress urinary incontinence with a pessary may be more appropriate for less-motivated patients, said Dr. Richter, professor of obstetrics and gynecology at the University of Alabama at Birmingham.

Behavioral therapy consisted of four visits at 2-week intervals conducted by centrally trained interventionists. The protocol included pelvic muscle training.

The pessary group had a continence ring or dish fitted by a physician or nurse.

Patients’ mean age was 50 years. A total of 46% had stress-only incontinence, and 54% had stress-predominant mixed incontinence at baseline. A total of 21% reported a prior nonsurgical treatment, and 6% reported prior surgery for their stress urinary incontinence.

At 3 months, 44% in the combined group, 49% of the behavioral group, and 33% of the pessary patients reported no bothersome stress urinary incontinence.

A total of 79% of the combination group, 75% of the behavioral group, and 63% of the pessary group said they were satisfied with their treatment. “At 3 months, behavioral therapy resulted in fewer incontinence symptoms and greater satisfaction than a pessary,” Dr. Richter said. However, “the difference in outcome did not persist in any measure in any group up to 12 months.” ■