OGU Practice Newsletter
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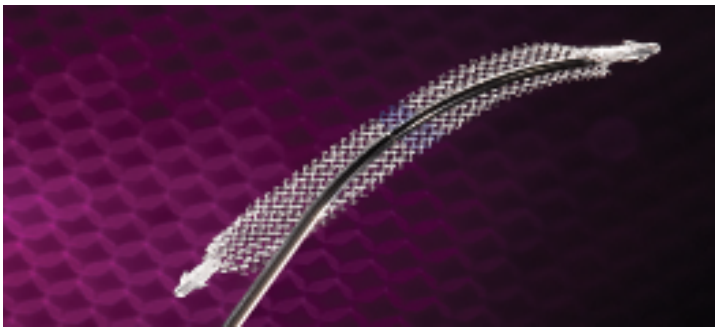
1,000 Slings

Since my commencement of practice in Canberra in 1998, there has been significant developments in the treatment of female stress urinary incontinence.

In the 1990's the gold standard was the Burch colposuspension - a major procedure with a lower abdominal incision, with the suturing of the bladder neck to the ileopectinal ligaments. Hospitalisation was usually for 6 days with recovery over 6 weeks. Surgery was usually only recommended for severe cases.



MiniArc sling introducer

This all changed in 1996 with the introduction of the transvaginal tape (TVT) by Ulmstein, with the use of a polypropylene synthetic sling under the mid urethra, and introduced by two 5mm suprapubic incisions and one small vaginal incision. A large trial in 2001 (Hilton) found the procedure was as successful as the Burch colposuspension, however with significantly less complications and recovery time.

A further refinement was the obturator sling (Delorme 2001), with the introduction of the sling via two 5mm labial incisions and one small vaginal incision. This had the added benefit of avoiding the retropubic space and further reducing complications.

In 2008 Erikson introduced the miniarc sling, with a single small vaginal incision only and self retaining anchors. The procedure could be done as day surgery with a further reduction in recovery time.

Since 1998 I have maintained a surgical database of all procedures performed. **In May of this year I reached a significant surgical milestone with the 1,000th suburethral sling.** Over this time the sling technology has improved from retropubic slings (TVT/Sparc) to obturator (Monarc) to Miniarc (single incision).

" success rate of 92.1% at six months"

Suburethral slings were performed in additon to other procedures (n=339), such as vaginal hysterectomy, sacrospinoous colpopexy, and sacral colpopexy (Table 1). These additional procedures were excluded from the operating time, blood loss, and recovery time.

Table 2 shows complication rates which are all within the usual rates seen in the literature. Most cases of urgency responded to short term courses of an anticholinergic such as oxybutynin, whilst UTI's usually responded to short courses of antibiotics.

Table 1: Dr Foote Sling Audit (1998-2012)

Total Cases	1,000
Sling only	661
EBL	93.5 ml
OT time	30.0 min
Recovery time	2.4 weeks
Six Month Success	92.1%

Table 2: Common Complications

Total Cases	1,000
mesh erosion	0.8%
voiding difficulty	1.8%
urgency	8.7%
UTI	1.0%

In summary, minimally invasive suburethral sling has a good succes rate and a low incidence of complications in my practice. Sling surgery should be considered for those women who have failed three months of conservative treatment with pelvic floor exercises, and who are bothered by their symptoms. Successful surgery should lead to a significant improvement in quality of life and a resumption of vigorous physical activity.

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