

## P6

# SURGICAL MANAGEMENT OF STRESS INCONTINENCE AT A TEACHING HOSPITAL FOLLOWING THE MESH PAUSE: SERVICE EVALUATION

*J. Conway, T. Gray, A. G. Farkas, S. C. Radley, S. Jha  
Sheffield Teaching Hospitals, UK*

### Background

Concerns about complications of tension free vaginal type led to an immediate pause of the use of TVT[1] by the Independent Medicine and Medical Device Safety Review Group on 10th July 2018[2]. This has resulted in alternative procedures for the surgical management of stress incontinence (SUI) being performed in greater numbers. The aim of this service evaluation was to assess local outcomes and complications of procedures for SUI after the pause.

### Method

The first cycle of a service evaluation of the outcomes and complications of laparoscopic and open colposuspension, rectus autologous fascial sling (AFS) and polyacrylamide hydrogel bladder neck injection (BNI) was performed. Rates of visceral injury, haemorrhage requiring transfusion, prolonged catheterisation, return to theatre within 28 days and re-admission within 28 days were collected. Domain scores for SUI within the ePAQ-Pelvic Floor questionnaire were compared pre- and post-operation with Student's t test.

### Results

Thirty-two patients were included. Rates of complications were compared with the BSUG National Report into Stress Urinary Incontinence Surgery[3]. The evaluation group had fewer intraoperative complications than the national report for BNI (0% vs. 0.2%) and AFS (0% vs. 5%) and a higher rate with colposuspension (5.6% vs. 4.9%). The evaluation group had fewer postoperative complications than the national report for BNI (0% vs. 2.8%) and colposuspension (16.6% vs. 20.7%) and a higher rate of post-operative complications with AFS relating to prolonged catheter use (75% vs. 23.3%). Patients demonstrated improvement in stress incontinence and overactive bladder ePAQ-PF domain scores post operation, this was statistically significant for AFS.

### Conclusion

Complication rates compared favourably to the national average. The use of teaching clean intermittent self-catheterisation pre-operation for AFS may reduce rates of post-operative voiding dysfunction and prolonged catheter use. The data will be collected again in July 2020, to complete the audit cycle.

## References

- 1) Ulmsten, U. (2001). The basic understanding and clinical results of tension-free vaginal tape for stress urinary incontinence. *Der Urologe A*, 40(4), pp.269-273.
- 2) Pelvic Mesh Timeline – Key Events (Draft). (2019). The Independent Medicine and Medical Devices Safety Review, p.85.
- 3) BSUG Audit and Database Committee (2018). Stress Urinary Incontinence Surgery. British Society of Urogynaecology.