



Rectus fascia pubovaginal sling (PVS) vs tension-free vaginal tape (TVT) for female stress urinary incontinence: Report on our initial experience.

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Objective

Surgical treatment is an option for women with stress urinary incontinence (SUI) who failed conservative management strategies. Different surgical procedures have been reported with synthetic midurethral slings being a commonly adopted procedure. Nevertheless, concerns have been raised on the use of synthetic mesh for surgical treatment of female SUI and prolapse surgery due to risk of complications including mesh exposure/erosion, dyspareunia, infection and pain. Our objective is to report the outcome of synthetic tension-free vaginal tape (TVT) vs autologous rectus fascia pubovaginal sling (PVS) for the treatment of female SUI.

Patient and methods

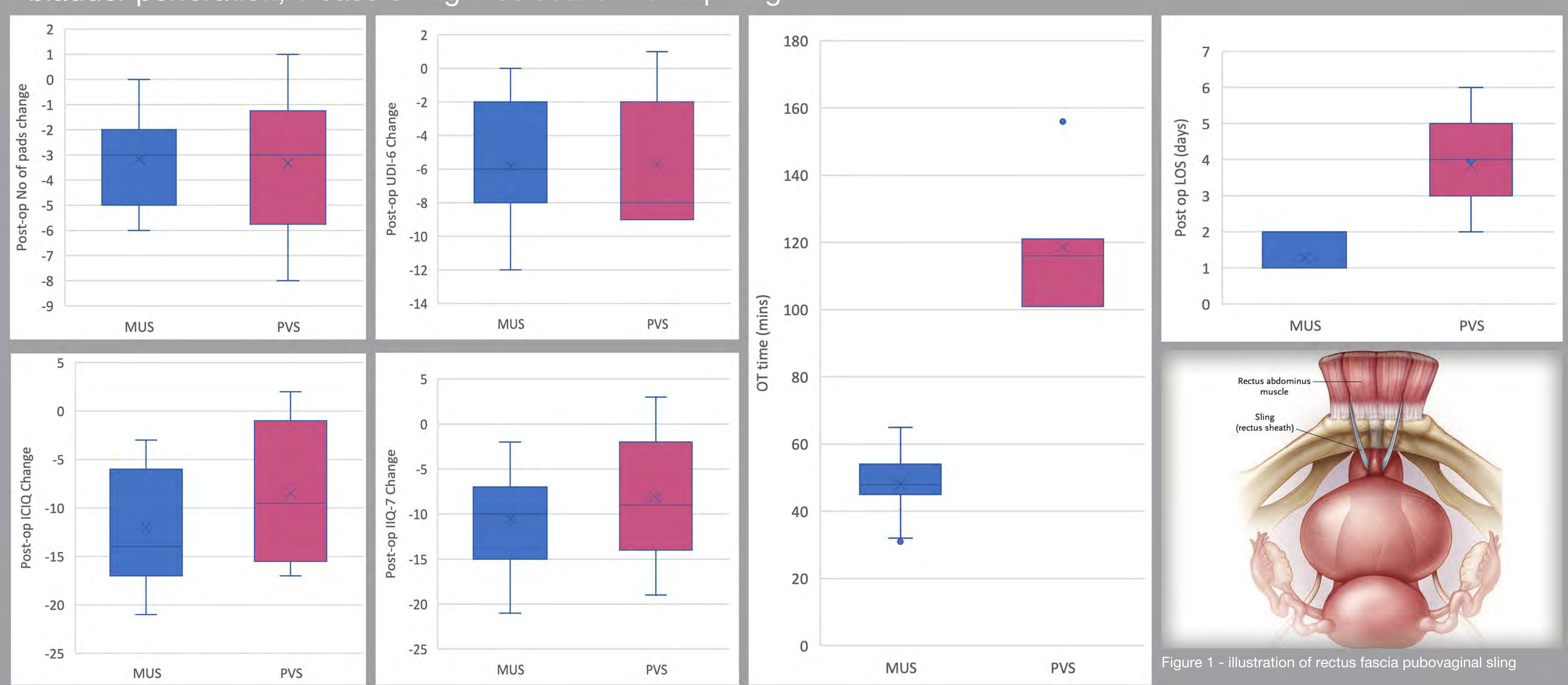
This study included 18 women with urodynamic SUI from 2016 to 2021. 7 patients underwent autologous rectus fascia PVS and 11 patients underwent TVT with either retropubic or trans-obturator technique. Pre and post-operative number of pad use, ICIQ-urinary incontinence Short Form (ICIQ-UI), Urinary Distress Inventory Short Form (UDI-6), Incontinence Impact Questionnaire Short Form (IIQ-7), operative time, post-operative length of stay and complications were collected prospectively.

Outcomes

Both groups achieved comparable improvement. Median reduction of 3 continence pads per days in both groups [PVS 3 pads (1.25-5.75 pads); MUS 3 pads (2-5 pads)]. Median reduction in ICIQ-UI score was 9.5 (1-15.5) in PVS group and 14 (6-17) in MUS group; UDI-6 score was 8 (2-9) in PVS group and 6 (2-8) in MUS group; IIQ-7 score was 9 (2-14) in PVS group and 10 (7-15) in MUS group.

Operative time and post-operative hospital stay were significantly longer in PVS group [116 min (101-121 min) and 4 days (3-5 days)] than MUS group [48 min (45-54 min) and 1 day (1-2 days)] ($p < 0.05$).

In PVS group, there was 1 case of urethral perforation, 1 case of high residual urine requiring cut sling, 1 case of harvest site wound infection and 1 case developed rectus incisional hernia. In TVT group, there were 3 cases of bladder perforation, 1 case of high residual urine requiring cut mesh.



Conclusion

Rectus fascia PVS produced early continence improvement comparable to TVT. It avoids rising concern of long-term complications associated with synthetic mesh. However operative time and length of stay are longer and there is possibility of harvest site complications.

Reference:
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