



Single Incision Slings – Audit of a Decade of Use

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Abstract

Stress Urinary Incontinence is very common. In spite of conservative management strategies, many women will require surgical intervention for more definitive control of the SUI. In an attempt to reduce the significant risks of Retro-pubic procedures, reduce the length of tape, maintain success rates and avoid two/three epithelial incisions, Trans-obturator then Single Incision Slings were developed. SIS procedures have been in use for over a decade.

A recent Position Statement produced by RANZCOG and the UGSA Advisory Board encouraged the TGA to withdraw Single Incision Slings. At the recent 2018 IUGA conference, these decisions were treated with disbelief and derision. The following audit presents a decade of use of SIS procedures and was completed before the RANZCOG and UGSA Advisory Board Position Statements, and TGA decision were released.

Objectives

SIS Audit:

- To analyse the long term results of SIS procedures.
- for stress urinary incontinence.
- To examine risks and complications.
- To assess the role of SIS procedures.

Methods

SIS Audit:

- 283 consecutive SIS procedures performed since 2007 until Oct 2016.
- All cases have been included.
- All surgeries performed by the author.
- Data collection assisted by the author and staff.

Results

MINIARC & SOLYX COMBINED									
Diagnoses									
Numbers of cases	GSI	GSI + OAD	GSI + ISD	GSI + OAD + ISD	Avg. Age [yrs]	Follow-up [yrs]	Combined With Repair Surgery	Avg Success VAS [%]	Pain [0-10]
283	69	165	11	38	56 [29-88]	3.97 [0.5-9]	64	95 [30-100]	0.5 [0-4]

MINIARC									
Diagnoses									
Numbers of cases	GSI	GSI + OAD	GSI + ISD	GSI + OAD + ISD	Avg Age [yrs]	Follow-up [yrs]	Combined With Repair Surgery	Avg Success VAS [%]	Pain [0-10]
245	59	147	10	29	56.4 [29-88]	4 [1-9]	67	95 [30-100]	0.5 [0-4]

SOLYX									
Diagnoses									
Numbers of cases	GSI	GSI + OAD	GSI + ISD	GSI + OAD + ISD	Avg Age [yrs]	Follow-up [yrs]	Combined With Repair Surgery	Success VAS [%]	Pain [0-10]
38	10	18	1	9	59 [37-84]	2 [0.5-7]	8	93.6 [60-100]	0.5 [0-3]

Success Rates related to diagnosis [%]				
	GSI	GSI + OAD	GSI + ISD	GSI + ISD + OAD
MINIARC	96	96	94	90
SOLYX	98	93	85	92

Complications:
Exposure:
 • 4 x exposures/prominent tape arm in sulcus - [1.7%].
 • All required small excision of unilateral tape arm from sulcus.
 • 2 of these required repeat SIS procedure.

Pain:
 • 6 patients recorded pain scores up to 2 after SIS procedures when done as the sole procedure.
 • 4 of these were patients with tape exposures/prominent arms of the tape in the sulcus.
 • All other pain issues related to combined procedures.

Discussion

Anecdotal comments:

- 4 patients who measured only 7/10 on VAS scale at 6 months improved to 9/10 by 2 years – this continued improvement has been noted by others.
- 2 patients with significant issues and **failure of R/P procedure** subsequently treated with MiniArc with success 10/10 VAS.
- Repeat SIS procedures successful.

Conclusion

- Solyx and Miniarc seem to have same success.
- This audit and other global studies suggest SIS procedures are the best and safest for SUI.
- SIS procedures should be available as treatment of first choice for SUI.
- Adequate training and credentialing remains imperative.

References

Contact author for extensive references