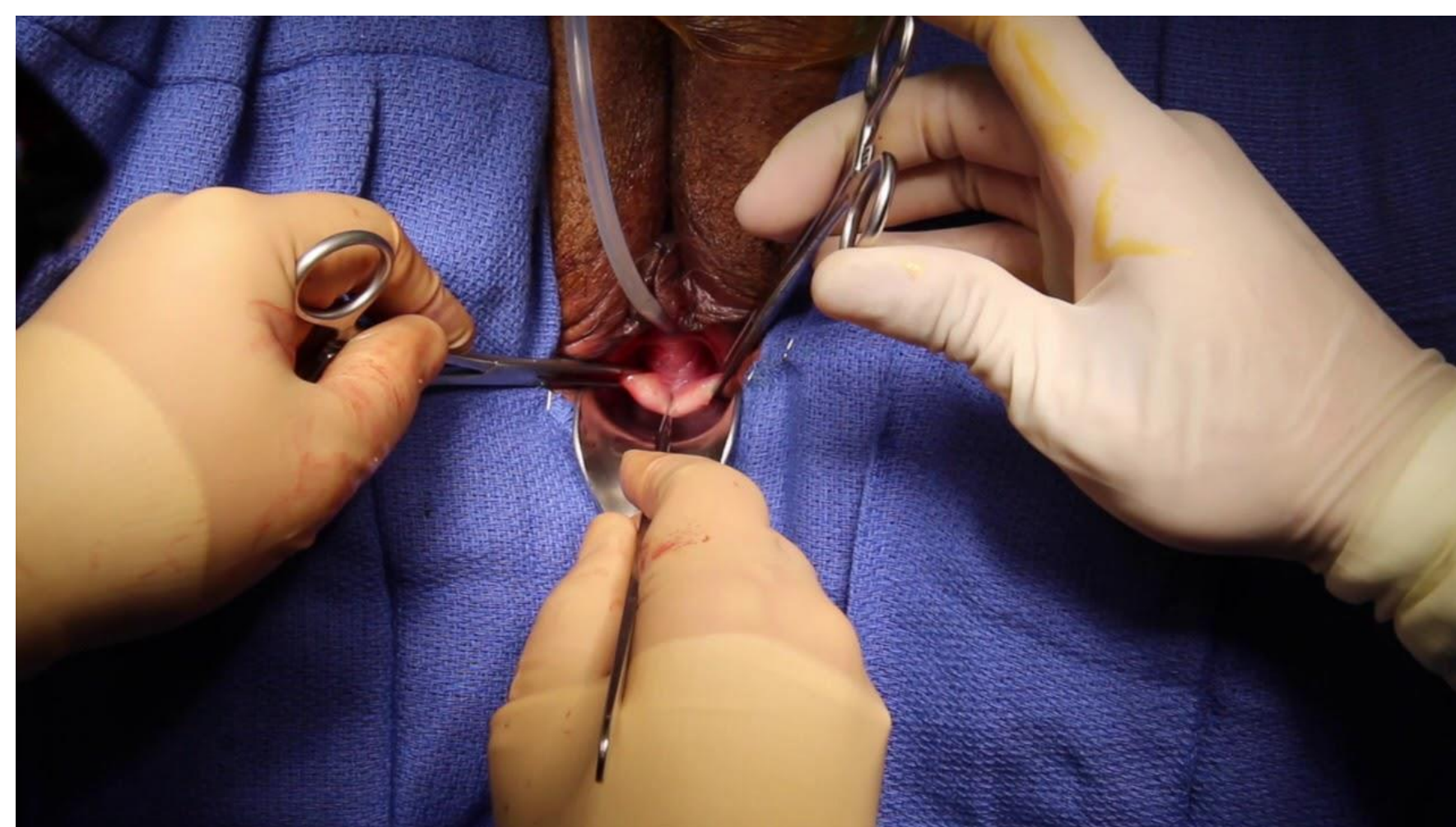
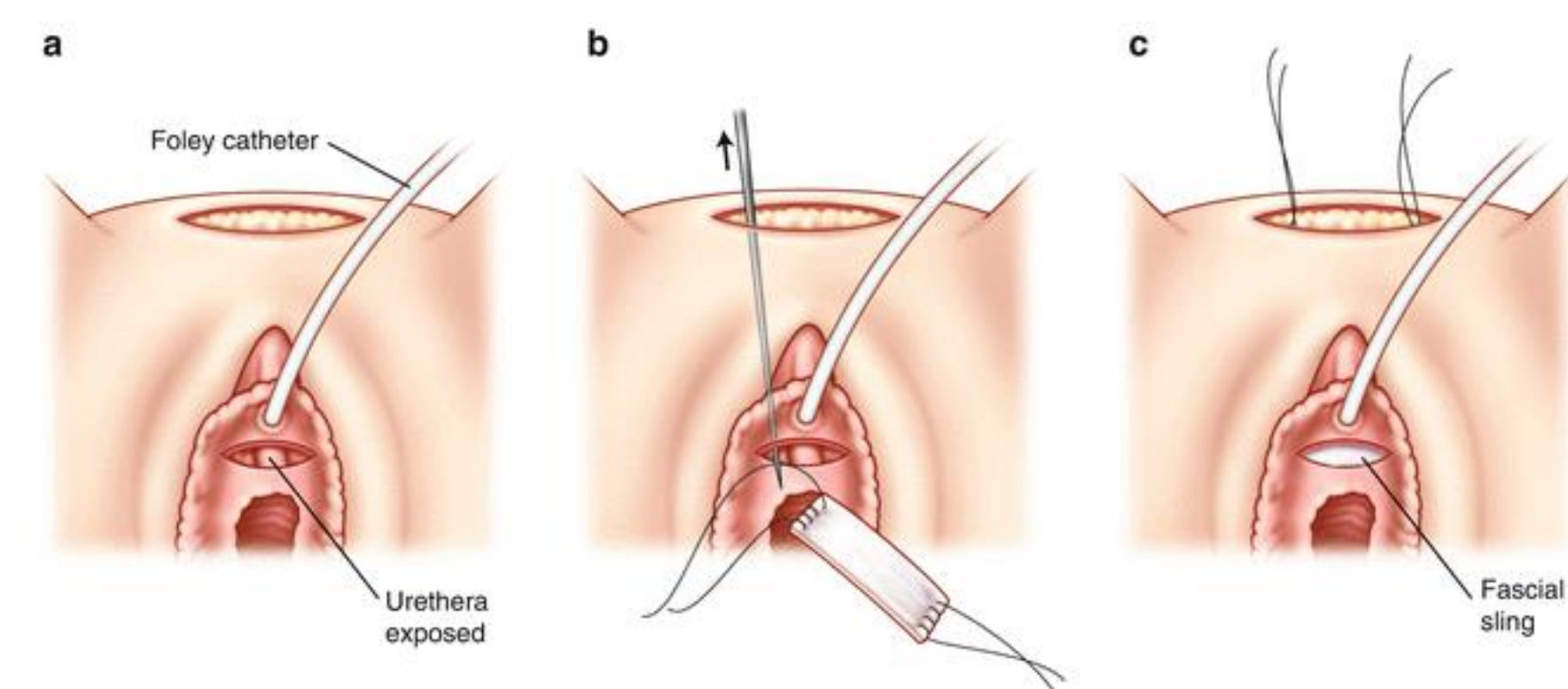


Introduction

Pubovaginal sling is a procedure used to manage stress urinary incontinence (SUI), which is an underdiagnosed and underreported medical problem ⁽¹⁾. Stress urinary incontinence (SUI) affects 15-60% of women. More than 25% of nulliparous young college athletes experience SUI when participating in sports. An estimated 50-70% of women with urinary incontinence fail to seek medical evaluation and treatment. Due to the concerns from NHS England over mesh slings the use of autologous fascial slings has increased from 0.6% to 11.2% ⁽²⁾.



Figures 1&2. Autologous Fascial Sling procedure

Methods

We studied the long-term outcome of 60 cases of Autologous midurethral fascial sling procedures with or without concomitant prolapse repair. Data was collected using the electronic patient information system and BSUG database. Postoperative follow up was done at 12 months using telephone follow up consultation. The primary outcome was effectiveness in reducing urinary leakage episodes and secondary outcomes were patient satisfaction and complications at 1-year follow up.

Outcome for Stress Incontinence		
	GPI score	Percentage
Primary	1	59.6%
	2	25.5%
	3	6.4%
	4+	8.5%
Secondary	1	23.0%
	2	38.6%
	3	23.0%
	4+	15.4%

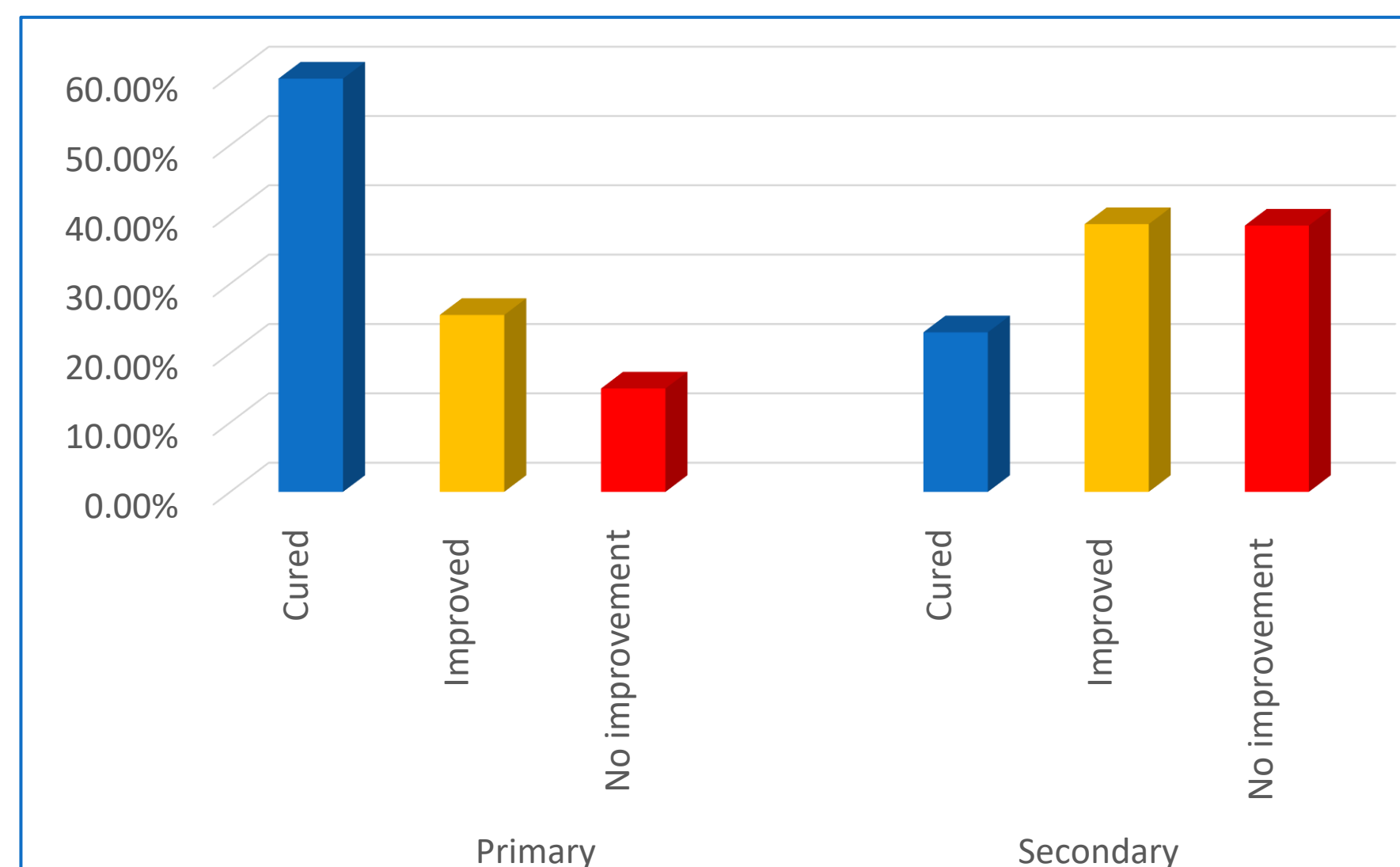
Table 1. Outcomes using GPI for autologous fascial sling in primary and secondary incontinence

Chart 1. Comparison of outcomes of primary and secondary AFS

Results

We compared the results of the 60 patients, who's mean age was 57 years and mean BMI was 30. In 80% of cases AFS was performed as a primary procedure and 20.3% of cases were mixed incontinence as diagnosed by the Bladder pressure flow study. Nearly 16.7% of the secondary group had mixed incontinence, 10.4% of the primary group had mixed incontinence. At one year, an overall improvement of 80% was found in all the cases, 85.1% of the primary incontinence patients showed either cure or improvement meanwhile only 61.6% of secondary SI patients showed the same improvement.

The mean improvement of the ICIQ UI and ICIQ QOL score of 80 % or greater was reached in 81% of the patients with primary SI and 47% of patient with secondary SI. The ISC (intermittent self catheterisation rate) was 6.3% in primary cases and 16.7% in the secondary



Intra and Post Operative Complications

Common complications from autologous fascial slings include bleeding and infection and a 5-10% of bladder injury ⁽²⁾. Two cases in our study had a severe bleeding necessitating blood transfusion and one case had a bladder injury that was recognized and repaired during the surgery.

Demographics	ESHT	BSUG
Number of procedures	60	355
% with follow up	96	72
% with mixed incontinence	12	20.7
% overweight of obese	58	25.6
Average age	56.8	47.6
PROMS (patient reported outcome measures)		
% incontinence severity improved	85	89
% ICIQ UI question 3 improved	88	90
% ICIQ sum score improved	91	91
% intermittent self catheterisation	11.4	17
% de novo overactive bladder	5	8.9

Table 2. Comparison of ESHT and BSUG performance data

Discussion

There has been increasing interest in pubovaginal slings in recent years following increased complication rates when using synthetic transvaginal meshes in organ prolapse surgery. The advantage of autologous slings is the negligible risk of erosion as they have minimal inflammatory and foreign body reaction. One study showed that the autologous graft remains viable with no signs of degeneration up to 4 years after initial implantation⁽⁶⁾. Success rates in the literature for autologous fascial slings range between 46.9% and 90% with one large study giving improvement rates of 85% but complication rates of 29.1% ⁽⁴⁾.

We have shown that our results are similar to this with an overall improvement rate of 85% but a much lower serious complication rate of 5%, demonstrating an excellent alternative to synthetic slings and a useful surgical treatment of female incontinence.

Conclusions

AFS remains a valuable surgical option for both primary and recurrent SUI, showing high cure rates and high patient quality of life improvement with minimal intraoperative and post operative morbidity. This should be considered when discussing surgical options for the treatment of stress or mixed incontinence in women

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