

Outcomes of Autologous Recto fascial Sling Surgery for Stress Urinary Incontinence in District hospital

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Background

Stress urinary incontinence (SUI) is a common condition affecting one in three women. Autologous fascial sling (AFS) surgery is a surgical option when conservative management fails.

Aim

To evaluate the outcomes of AFS surgery in patients with SUI and to highlight how patient selection, surgical techniques, adherence to protocols, multidisciplinary team (MDT) involvement, and informed decision-making improved outcomes.

Methods

- Retrospective study
- Between January 2020 and March 2024
- Inclusion Criteria – uncomplicated SUI
- Exclusion : pregnancy, history of pelvic radiation, increased post-void residual volume (PVRV), poor voiding patterns on uroflowmetry, and history of neurological diseases.

Results

Table 1 Patients characteristics N=4

Age	42.5+/- 8.38
BMI	27.5+/- 4.64
No. of births	2.5+-1
Vaginal birth	2.5+/- 1
Menopause	1 (25%)
Pure stress/ mixed	3/1
Previous surgeries for sui	2/4
Pelvic floor training given and accepted	4/4
Procedure specific leaflets offered and consent	4/4
Pre op urodynamics done	4/4
Pre op MDT	4/4

Table 2. Comparison of values at the baseline and at 3 months after surgery

	Baseline	Follow up	P value
ICIQ- SF	19.25+- 2.06	3.33+/- 3.51	0.029

Table 3- Operative and post operative data

Operating time	83.75+/- 28.10 mins
Duration of follow up	3 months
Complication	1
Death	1

Conclusion

AFS surgery is an effective and safe option for SUI, with high cure rates and minimal complications. Patient selection, adherence to protocols, and MDT involvement contributed to positive outcomes.

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