

Autologous fascial sling surgery as management of refractory SUI And Intrinsic sphincter deficiency

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Results

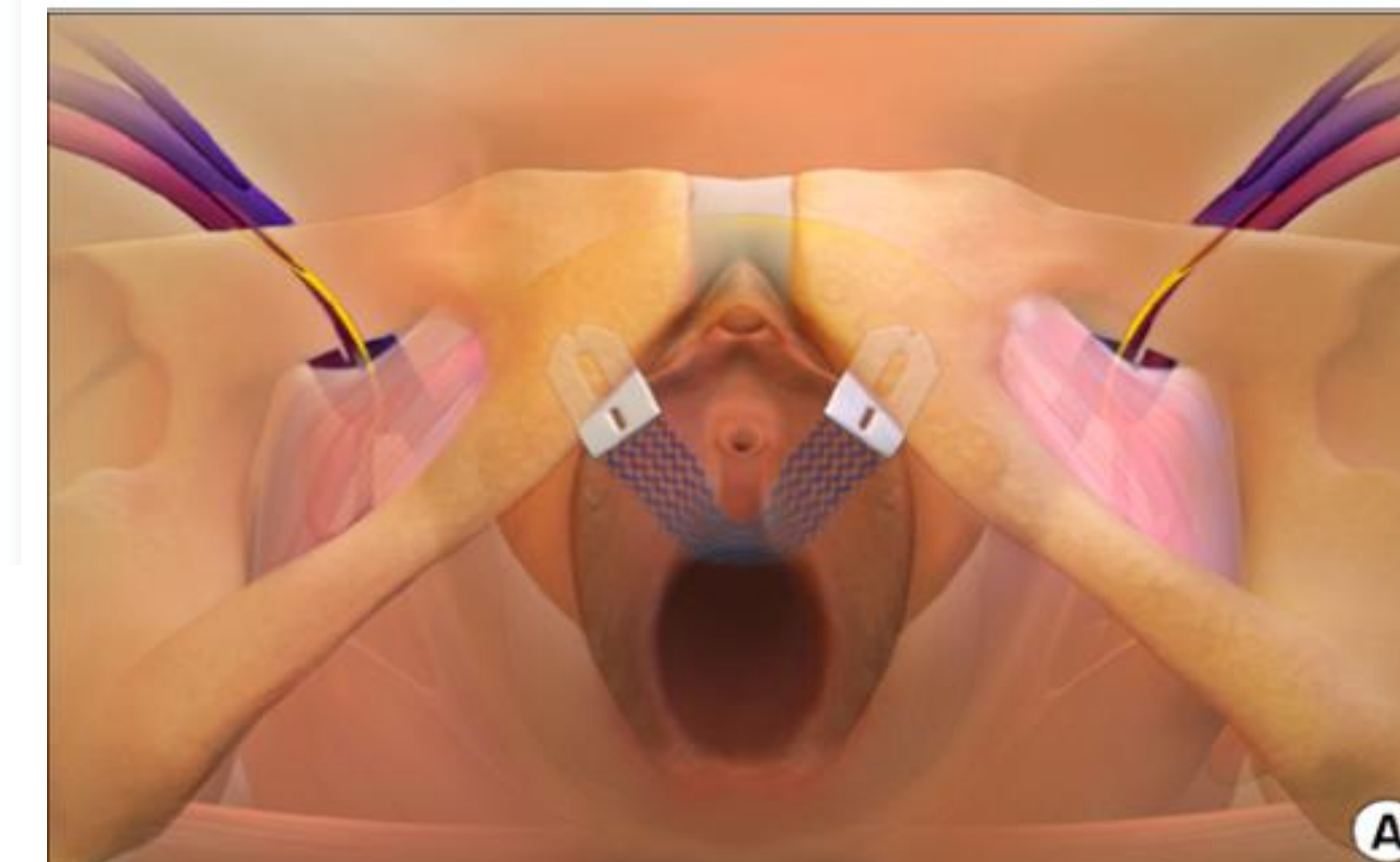
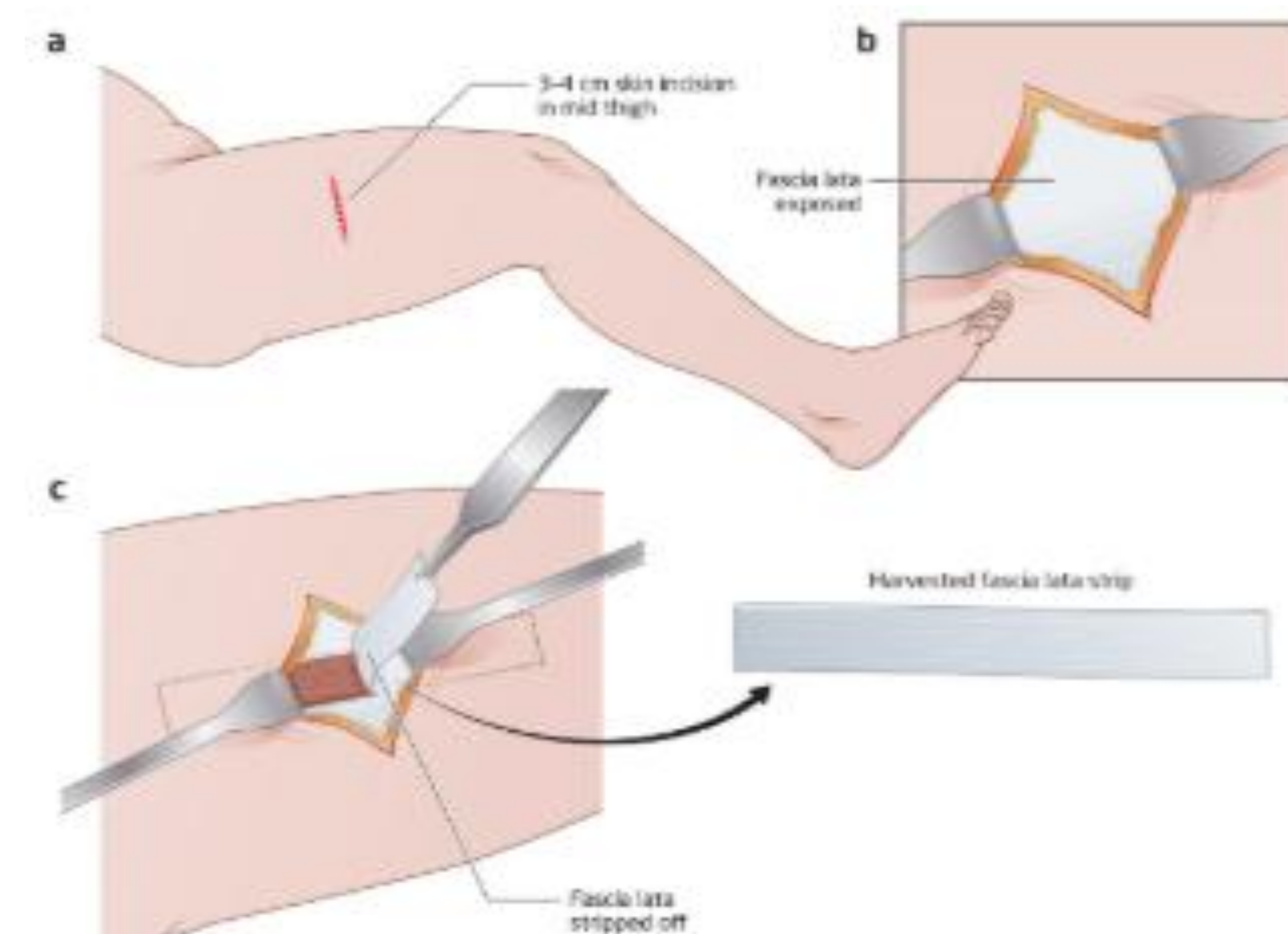
Autologous slings using fascia lata provide a durable and biocompatible solution, reducing risks of erosion and infection. It is a less invasive option with reduced operating time.

Burch Colposuspension has a higher chance of recurrence, risk of suture erosion and potential for pelvic organ prolapse.

Conclusions

The findings from this QI project suggest that autologous fascial slings are a viable and effective option for women with SUI, particularly for those seeking alternatives to synthetic materials.

This QIP reinforces the necessity for surgical teams to maintain proficiency in autologous sling techniques. It also highlights the importance of patient education on the benefits and risks of various surgical options.



Objectives

To document the effectiveness of autologous fascial slings and its comparison to Burch Colposuspension in the surgical management of stress urinary incontinence (SUI) in women. This report is significant due to the growing interest in alternatives to synthetic materials and the implications for improved patient outcomes.

Methods

A cohort of 500 women with a history of severe SUI and intrinsic sphincter deficiency were selected for autologous fascial sling surgery. Sling was created using the fascia lata. Patients were followed up at 6 months and 1 year. The efficacy of the procedure was assessed basis improvement of symptoms, recurrence, biocompatibility and patient satisfaction. Minor complications included transient urinary retention, which resolved within one month.