



ORIGINAL ARTICLE

Stress urinary incontinence surgery with sling Miniarc: A 4-year results[☆]



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KEYWORDS

MiniArc;
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Abstract

Objetives: The aim of this publication is to describe retrospectively the results of the surgical technique of AMS MiniArc for the treatment of female urinary incontinence, evaluate its results at 4 years follow-up.

Material and methods: We present a retrospective cohort study of 135 patients, 110 (81.5%) had urinary incontinence and 25 (18.5%) mixed urinary incontinence. All these procedures were performed with local anesthesia and in "out patient surgery". Patients were monitored in the outpatient clinic at 6 months (control 1), one year (control 2) and annually (control 3, 4, and 5). During the following up, clinical history was made in every woman with ICIQ-SF questionnaire, that included a fourth question to evaluate the degree of satisfaction after surgery, as well as physical examination. We considered objective cure when negative stress with full bladder. We use the SPSS program (V19.0) for statistical analysis of the results.

Results: The mean follow-up was of 59 months (range from 33 to 72 months). When evaluating the success rate of anti-incontinence surgery, 86.7% of patients showed objective cured (80.8% with MUI and 89.2% with SUI). The ICIQ-SF decreased average of 12.7 points, 85.7% patients were very or fairly satisfied.

Conclusion: The AMS MiniArc is an optim anti-incontinence procedure a medium term. But the results should be interpreted with caution given the limitations of the study.

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PALABRAS CLAVE

MiniArc;
Sling de incisión
única;
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Tratamiento de la incontinencia urinaria de esfuerzo femenina con minicintas MiniArc: resultados a 4 años

Resumen

Objetivos: El objetivo de esta publicación es describir de forma retrospectiva los resultados de la colocación de la cinta AMS MiniArc a 4 años de seguimiento como tratamiento de la incontinencia urinaria (IU).

Material y método: Presentamos un estudio de cohortes retrospectivo de 135 pacientes, 110 (81,5%) tenían incontinencia urinaria de esfuerzo y 25 (18,5%) incontinencia urinaria mixta. Todos los procedimientos se realizaron con anestesia local y en régimen de cirugía mayor ambulatoria. Las pacientes fueron controladas en consultas externas a los 6 meses (control 1), al año (control 2) y una vez al año (control 3, 4 y 5). Se les realizó una historia clínica y el cuestionario ICIQ-SF, al que le añadimos una pregunta para cuantificar el grado de satisfacción, así como la exploración física. Consideramos curación objetiva que la paciente en la exploración física con vejiga llena presentara un test de esfuerzo negativo. Para valorar la curación subjetiva evaluamos las respuestas al cuestionario ICIQ-SF y la pregunta de satisfacción de los resultados de la cirugía. Para el estudio estadístico de los datos descriptivos y de los resultados se aplicó la comparación de media «t» de Student utilizando el programa SPSS (V 19.0).

Resultados: La mediana de seguimiento fue de 59 meses (rango entre 33–72 meses). Observamos que el 86,7% de las pacientes presentaban curación objetiva a los 4 años. Si analizamos los resultados según el tipo de incontinencia que presentaban las pacientes, con incontinencia urinaria mixta estuvieron curadas en el 80,8% y las pacientes con incontinencia urinaria de esfuerzo en el 89,2%. Con el cuestionario ICIQ-SF y la pregunta de satisfacción observamos un descenso medio en la puntuación de 12,7 puntos, con un 85,7% de las pacientes muy satisfechas.

Conclusión: La colocación de AMS MiniArc supone un dispositivo eficaz para el tratamiento quirúrgico de la incontinencia urinaria femenina a medio plazo, pero los resultados deben interpretarse con precaución dadas las limitaciones del estudio.

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Introduction

In 1990 Petros and Ulmsten¹ published their integral theory, in 1994 de Lancey formulated the hammock theory and in 1998 Petros proposed the theory of the middle urethra. In all of these, the key aspects in the physiopathology of urinary incontinence are the following: providing suitable suburethral support at the level of the middle urethra; restitution of the urethral ligament complex, such as the urethropelvic ligament and the pubourethral ligament; and the absence of tension.

During the years between 1990 and 1995, Ulmsten et al. managed to design and develop the TVT[®] procedure. In 1996 they published their first series with excellent short-term outcomes² by placing this sling under local anesthesia and a regimen of major surgery on an outpatient basis. These good results have been corroborated in long-term studies; with a follow-up of over 11 years objective cure rates of 90% and subjective ones of 77%³ were achieved.

In the year 2001, de Lorme published his first series using the out-in transobturator tape and in 2003 de Leval described the in-out transobturator approach.

This kind of approach allows to perform the procedure via the perineal route and reduces the risk of visceral (bladder, loop of bowel), vascular (Santorini's plexus, iliofemoral vessels) and neurological complications (obturator and pudendal nerves), as well as the risk of postoperative dysuria. Between the years 2005 and 2011,

different meta-analyses were published which showed that the obturator route was less favorable than the retropubic route in terms of objective cure (84% versus 88%; RR: 0.96; CI 95%: 0.93–0.99; 17 trials; $n = 2434$), although there were no differences in subjective cure rates.^{4–7}

In October 2006, the third generation of mid-urethral tapes emerged with a shorter length than the previous ones, moving from 20–21 cm to 8–9 cm, with TVTSecur, Women's Health & Urology, Ethicon, Johnson & Johnson and, in 2007 with the AMS MiniArc sling system and Needleless. These mini-slings or single-incision mini-slings (SIMS) can be placed in a V*-shaped position (as in the case of the transobturator vaginal tape (TOT/TVT-O)), with the tape being anchored onto the internal obturator muscle, or in a U-shaped position (as in the case of TVT), with the tape being anchored onto the retropubic space.

The aim of this study was to retrospectively analyze the outcomes of using the AMS MiniArc sling system tape; to do this we used the first 135 patients out of over 500 who were treated in our service.

Materials and methods

In this retrospective cohort study, we analyzed the outcomes of the first 135 patients treated (this group of patients had a greater follow-up and have been the subject of previous publications)⁸ between the years 2007 and 2009 by placing

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