



Podcast transcript:

Minimally invasive synthetic suburethral sling operations for stress urinary incontinence in women

Clinical considerations

“Urinary incontinence is a distressing condition, for which there are a variety of treatment options. June Cody, Managing Editor of the Cochrane Incontinence Group and colleagues, have investigated the effects of a particular type of surgery.”

“When someone suffers from stress urinary incontinence; exertion, coughing, sneezing or laughing can cause an involuntary leakage of urine. It is the commonest form of urinary incontinence in women, and affects about one in three, having a significant impact on quality of life. It may lead to social and psychological morbidity, with significant health costs for sufferers and the health service.

If initial treatment fails, one of the options is surgery and, recently, minimally invasive surgical options have been developed. One of these is the minimally invasive suburethral sling operation, and our new Cochrane review has shown that this seems better than other recent surgical innovations and the older operations.

Working with Joseph Ogah and Lynne Rogerson, we set out to bring together the worldwide evidence from trials comparing minimally invasive suburethral sling operations to other surgical treatments. We amassed 62 separate pieces of research. More than 7000 women had agreed to take part in these studies.

In the short-term, we found the minimally invasive suburethral sling operations to be as effective as traditional suburethral sling operations, open retropubic colposuspension, and laparoscopic colposuspension; curing the problem in about 80% of women. The operations also tended to be shorter, required less time in hospital and women got back to their normal daily activities quicker. Minimally invasive suburethral sling operations also had fewer and less severe complications than other types of surgery. These complications can include problems with passing urine after the operation

We were also able to compare some of the different techniques that are used in minimally invasive suburethral sling operations. This comparison revealed higher cure rates when the sling material was passed behind the pubic bone rather than going through the groin,

although this was associated with more complications, such as damage to the bladder and problems with passing urine after the operation. Operations where the slings were made from a type of tape material called type 1 meshes were more successful than those in which other types of material were used. The type 1 meshes had higher cure rates and fewer complications, such as infections and tape erosions into the vagina or urethra. However, the long term effects of the different operations and the different techniques remain unclear and will be resolved by research with longer follow-up, which will be incorporated into future updates of our Cochrane review."