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A Multicenter Study Examined the Clinical Effects of Mid-Urethral Sling (MUS) Procedures for Treating Female Urinary Incontinence

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ABSTRACT

Numerous women's quality of life is significantly impacted by stress urine incontinence. Most women avoid getting this problem treated because they are embarrassed to do so. Preventive therapy is used to manage this issue, and surgery is an option for urine incontinence that has progressed to an advanced degree. The "gold standard" for treating female stress urine incontinence is the use of tension-free minimally invasive techniques, notwithstanding concerns about the insertion of urological tapes. In this paper, the effectiveness and safety of lightweight polypropylene in surgically treating female stress incontinence and mixed incontinence were evaluated. The study's methods include a multicenter, retrospective cohort design.

Keywords: Urine incontinence; Women's health; Pregnancy

INTRODUCTION

Adult women with stress incontinence or mixed incontinence who underwent surgery and finished a postoperative follow-up were included in the study. Results: Three hospitals contributed 68 women to the research. The 6-month and >6-month follow-ups were completed by all women. The majority of patients—who had a median average in the and in had operations using the "trans obturator" technique, while had operations using the technique [1,2]. In terms of treating SUI, the "retropubic" and "trans obturator" groups achieved equivalent outcomes. According to the study, the "trans obturator" approach had an efficiency of and the "retropubic" method had an efficiency of 80%. Three patients in the group experienced intraoperative problems, compared to none in the "trans obturator" group. There were none involving tapes.

DESCRIPTION

In any case, there were no infections or unfavourable tape-related occurrences recorded. Conclusions: The data provided here supports the safety and effectiveness of the transobturator and retropubic tape techniques in both short- and long-term follow-up; the success rate was over 80%. The expertise of the doctors, in addition to the surgical technique employed, affects the surgery's end result. The multi-center study that was completed gives us the chance to get rid of the influence that people have on how well the technique works.

The research compared the retropubic mid-urethral sling with the transobturator mid-urethral sling for the treatment of stress incontinence. It was a multicenter, retrospective, cohort study. Between the patients had surgery using either the "retropubic" or "transobturator" techniques. During the research period, the surgeries were carried out by urogynecology surgeons in three distinct Polish centres (Poznan University of Medical Sciences, Poland; Barska Diagnostic and Treatment Center, Wloclawek, Poland; St. Padre Pio Regional Hospital, Przemysl, Poland). The implant was a polypropylene mid-urethral sling (Dallop® NM ULTRALIGHT, Tricomed, Poland), which was positioned as per Ulmsten and Delorme instructions in the standard position. Based on the surgeon's preferences, the type of operation was chosen [3].

Patients between the ages of 18 and 80 who had had “surgery, had a postoperative follow-up, and were diagnosed

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with stress urine incontinence or mixed urinary incontinence were eligible for the research. Preoperative ultrasonography of the pelvic floor, consideration of the urethra's mobility, and height of the urethral furrow-vaginal vaults all influenced the decision between the "retropubic" and "trans obturator" surgical techniques. The approach was recommended when there was a so-called "frozen urethra" and/or tall, vertical vaginal fornixes. The "trans obturator" approach was recommended in cases of “hypermobile urethra” horizontal vaginal forks. The study's excluding factors According to the method outlined the "retropubic" operations were carried out. Between the distal and middle third of the length of the urethra, cm-long incision was created in the vagina used in hydro dissection. Following the vaginal incision, the tissues behind the vaginal fornix were divided with scissors, moving in the direction of the lateral border of the pubic symphysis [4,5]. Two skin incisions of about 3 to 4 long were located around 1 to 2 cm above the symphysis pubis. Through the side of the vaginal incision, an applicator with a previously threaded tape was inserted. The patient's opposite side was treated in a similar manner, once the tape had been inserted on both sides.

Upon being hauled up, a cough test and a cystoscopy were conducted (after filling the bladder with about 300 mL of saline and removing the Foley catheter). Excess saline was emptied from the bladder, and the Foley catheter was withdrawn after a successful negative cough test. An absorbable suture was used to close the urethral vaginal incision and complete the treatment [6,7].

CONCLUSION

The excess tape was removed from the abdomen. If there was bleeding or if it was necessary for the clinical circumstances, single sutures were placed in the skin incisions after the tape was cut. Up until the morning, the Foley catheter was implanted once again. The "retropubic" technique is a vaginal strategy for treating stress that suspends the medial and posterior sections of the urethra.

REFERENCES

1. Gierach GL, Pfeiffer RM, Patel DA, Black A, Schairer C, et al. (2014) Long-term overall and disease-specific mortality associated with benign gynecologic surgery performed at different ages. Menopause 21(6):592.

2. Falconer H, Yin L, Grönberg H, Altman D (2015) Ovarian cancer risk after salpingectomy: A nationwide population-based study. J Natl Cancer Inst 107(2):410.

3. Kauff ND, Barakat RR (2004) Surgical risk-reduction in carriers of BRCA mutations: Where do we go from here? Gynecol Oncol 93(2):277-279.

4. Bettendorf, M (2002) Thyroid disorders in children from birth to adolescence. Eur J Nucl Med Mol Imaging 29(2):S439-S446.

5. Becks GP, Burrow GN (1991) Thyroid disease and pregnancy. Med Clin North Am 75(1):121-150.

6. Roti E, Gnudi A, Breverman (1983) The placental transport, synthesis and metabolism of hormones and drugs which affect thyroid function. Endocr Rev 4(2):131-149.

7. Shields B, Hill A, Bilous M, Knight B, Hattersley AT, et al. (2009) Cigarette smoking during pregnancy is associated with alterations in maternal and fetal thyroid function. J Clin Endocrinol Metab 94(2):570-574.