

293 MID URETHRAL SLINGS—AUDIT SINGLE SURGEON SERIES

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Introduction:

Surgical Audit has been strongly recommended by RANZCOG especially in the wake of the FDA 2011 statement warning of serious complications and followed by a frenzy of litigation. A large comprehensive database provides an opportunity for the surgeon to reflect on techniques, equipment, patient selection, pre -and post operative follow up regularity and management protocols.

Methods:

A single surgeon series audit of 293 suburethral slings for stress incontinence is presented with follow up data at 6 weeks, 6 months and 12 months post surgery. Complications are classified according to the IUGA Standardisation Committee 2014 and compared with reported rates in systematic reviews. Study period September 2006 to April 2017 to ensure at least 12m follow up

Results:

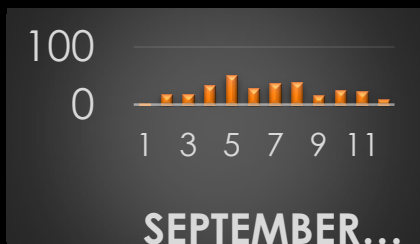
- 293 slings were inserted , alone or in combination with other prolapse procedures.
- Most slings were Monarc transobturator tape (260), and retropubic tapes TVT (5) and Advantage (3) and Obtryx (25). IUGA class complications were assessed as 22 altogether or 7.5% attributable to the mid urethral sling.
- Cat 1: 6 - 4 x transient pain, provoked x 1, dyspareunia transient x 1
- Cat 2: 2 - erosion minor
- Cat 3: 1 -erosion trimmed in office (expected 3% = 9)
- Cat 4: 11 – voiding dysfunction, 4 tapes divided, 6 prolonged catheterisation, 1 urethrotomy (expected 3% = 9)
- Cat 5: 0
- Cat 6: 2 transient groin pain - all resolved with conservative management

Table 1: Comparative Complication Rates

IUGA Complications	Cases	Expected %*	Series %
Cat 1	6	4	2.2
Cat 2/3	3	4.7	1.1
Cat 4 Retention	4	3	1.4
Cat 4 Damage	1	3	0.4
Cat 4 Catheter	6	3	2.2
Cat 6	2	2	0.7

*J. TRABECO UP TO DATE JUNE 2015

Table 2: Midurethral Slings per Year



Conclusion:

This series compares very favourably with published figures of expected complications. The audit reflects the mesh usage trend, learning curve and the reduction of complications over time with surgical experience and perhaps more judicious patient selection.

In the words of a Canadian patient " dry as a bone and happy as a clam"

Ref J. Trabeco et al, up to date 2015