

AB015. “Sling on a String” — autologous transobturator mid-urethral sling placement: a novel procedure for female stress urinary incontinence

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Background: Autologous trans-obturator mid-urethral sling placement for the treatment of stress incontinence is a relatively new technique. We present a complex case demonstrating the use of this technique in a patient with recurrent stress urinary incontinence after removal of previous tension-free vaginal tape (TVT TM) due to pain and voiding dysfunction.

Methods: A 48-year-old patient presented to our unit with symptoms of stress urinary incontinence. She had previously undergone a TVT 6 months prior, which caused significant voiding dysfunction requiring intermittent self-catheterization, and subsequently had to be removed.

She then went on to develop suprapubic paraesthesia and recurrence of her stress incontinence. After full investigations, she underwent a urethrolisis with further excision of mesh that was causing significant paraurethral tenderness. Following an in-depth discussion about further management of her stress incontinence and informed consent, a trans-obturator autologous sling procedure was performed along with excision of the retropubic portions of her previous TVT.

Results: The patient had an uncomplicated perioperative course, apart from mild levator muscle spasm for which she underwent physiotherapy. At her follow-up visit, she reported no urinary leakage.

Conclusions: The trans-obturator autologous mid-urethral sling is a relatively new technique. It has shown favorable short-term outcomes. However, large series of cases and a longer follow-up are necessary before this procedure becomes an option in particular for patients with concerns over potential mesh-related complications.

Keywords: Stress incontinence; autologous; sling

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