

# The surgical treatment of urge urinary incontinence in women

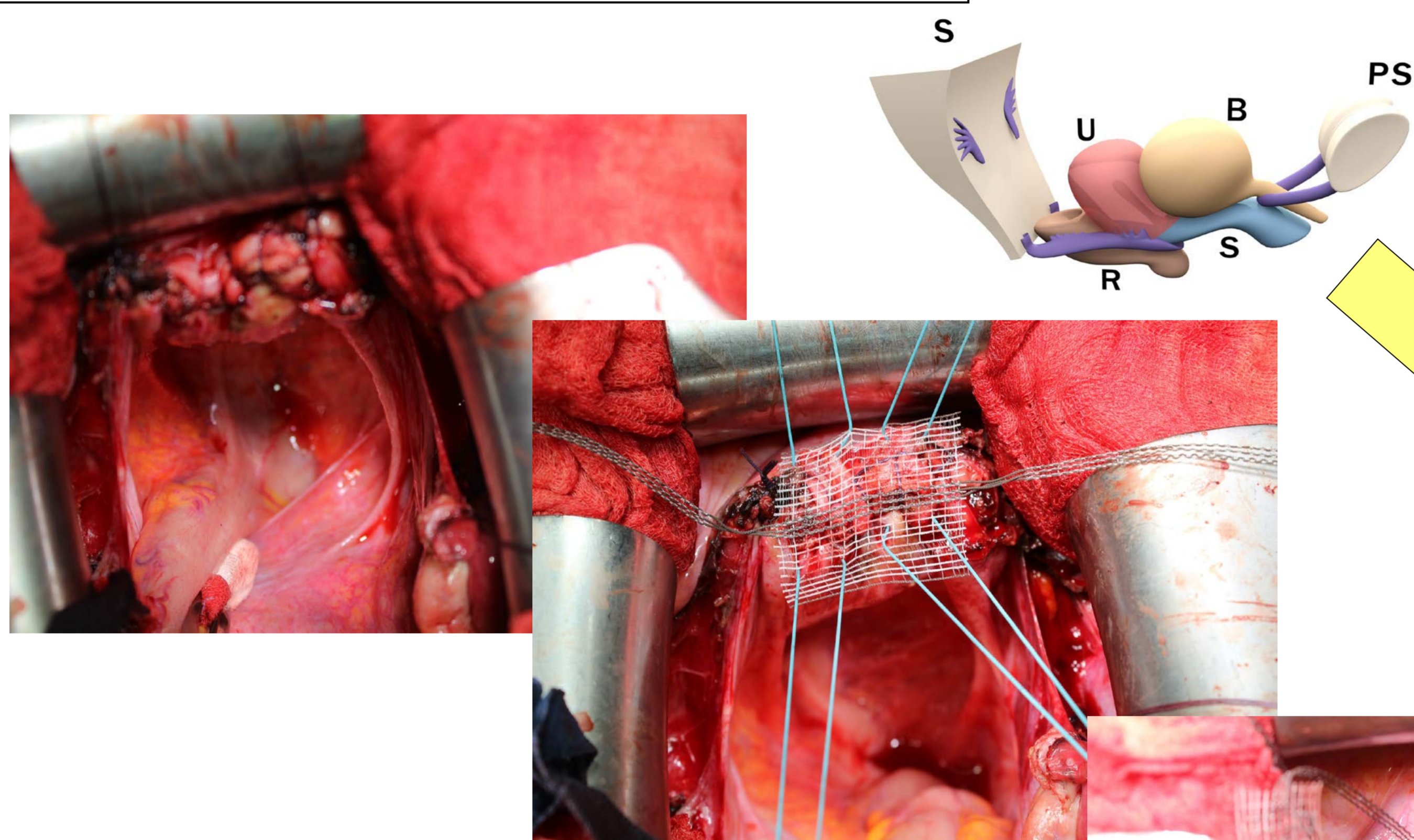
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## Introduction

Some years ago we developed a new surgical procedure for recurrent vaginal vault prolapse (vasa). We observed that 40% of these patients were cured of their urge urinary incontinence (UUI) after vasa. We then started to develop the same operation for patients with uterine prolapse and UUI (cesa). In order to make results comparable we standardized the procedure with standardised fixation points and length of tapes.

**413 patients with urge incontinence**



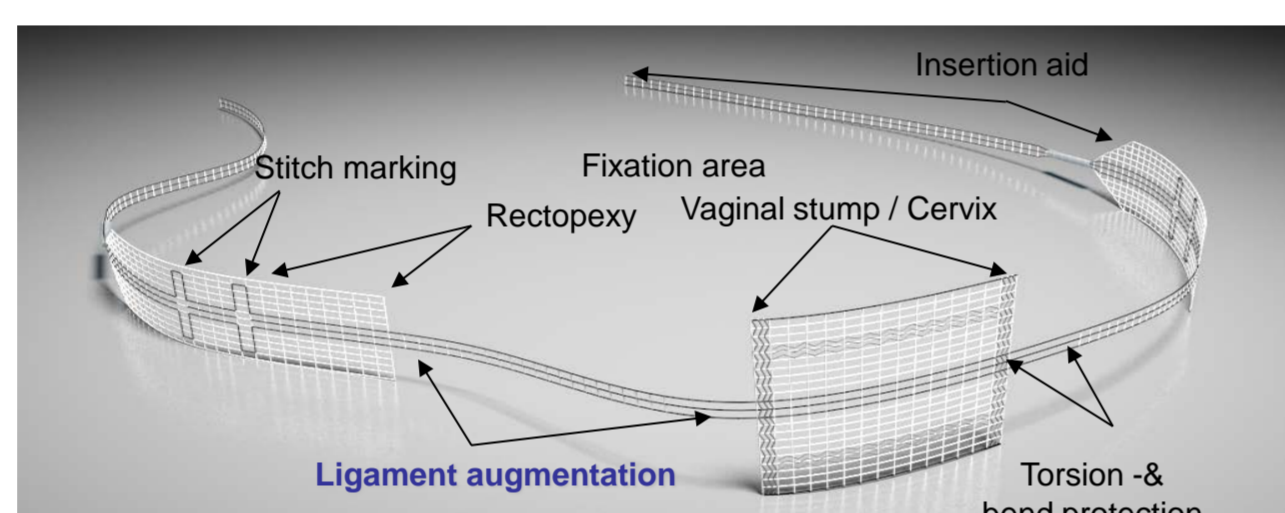
- **Material and Methods**
- Operation
- Standardized operation to replace the utero-sacral-ligaments (USL) :
- cesa - the replacement between cervix and os sacrum
- vasa - the replacement between vaginal vault and os sacrum
- Different alloplastic materials were tested, different lengths and widths of the tapes

- **Patients**
- 2004 - 2007: only patients with descensus uteri or vaginal vault prolapse (POP-Q: stage III and IV) with severe UUI
- 2007 - 2008: patients with descensus uteri or vaginal vault prolapse (POP-Q: stage II + III + IV) with severe UUI
- since 2009: patients as before (POP-Q: stage II - IV) with moderate + severe UUI
- since 2010: all patients with UUI

- **Classification of UUI**
- **Cure:** no symptoms (voiding frequency; <10 times/day, interval between severe urge and voiding >10minutes)
- **Moderate UUI:** frequency : between 10 and 15 times/day, interval between urge and before loss of urine: between 3 and 10 minutes
- **Severe UUI:** frequency: >15 times/day, interval between urge and first loss of urine: <3 minutes

Ethical approval was obtained

**cesa**

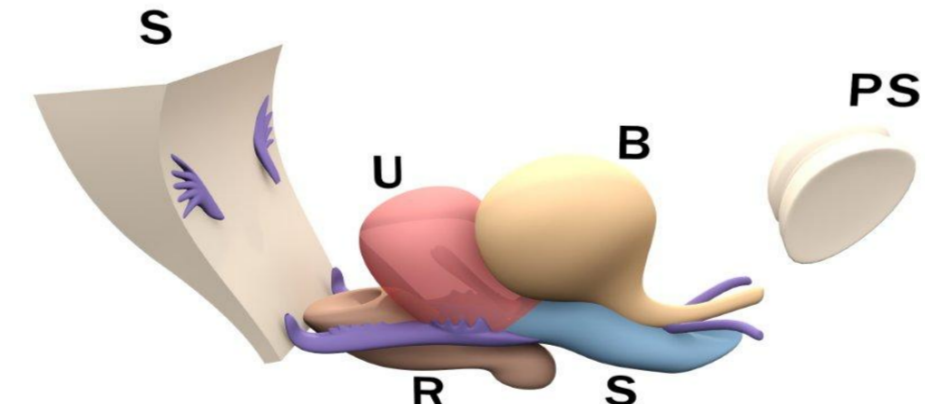


Several aspects of the alloplastic tapes were essential:  
The used material – PVDF, the correct length, the fixation sides, the free mobility of the ligament augmentation (the new USL).  
Shown: **Dynamesh cesa, FEG, Aachen, Germany** (for hysterectomized patients: **Dynamesh vasa, FEG, Aachen, Germany**)

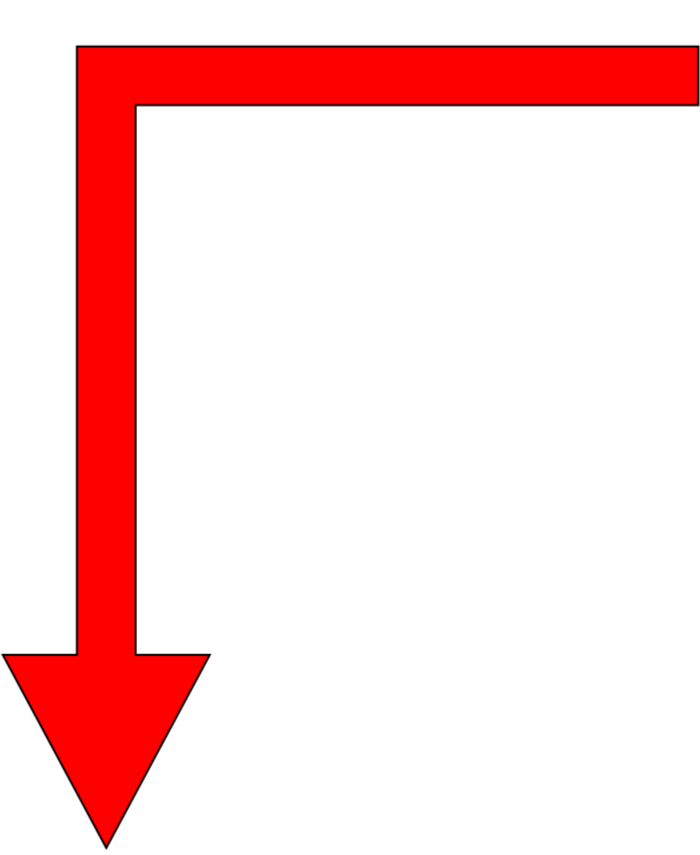
**TOT 8/4:** A HEGAR 8 is placed in the urethra and two HEGRA 4 are placed between the tape and the urethra. Then the tapes can be pulled until no further shortening takes place.



**242 patients still had mixed incontinence and got an additional TOT 8/4**



**74 patients remained incontinent (18%)**



**168 patients were cured (40.6%)**

**171 patients were cured (41.4%)**

## Discussion

cesa and vasa are standardized operations for the treatment of genital prolapse. Furthermore these operations could cure 41.4% of all patients with moderate and severe urge urinary incontinence (UUI). Further 40.6% of patients could be cured when they received an additional TOT 8/4.

**This gives an overall cure rate of 82% for Urge Urinary Incontinence!**

These studies demonstrated that UUI is caused by the dysfunction of the USL and/or PUL, i.e. incorrect position of the bladder (-neck) in the pelvis.

Based on the standardization of the USL and PUL repair as proposed further studies could focus to analyse the still 20% failure rate.

„restore anatomy -

„restore function!“