

Mário João Gomes

Memorial Lecture



Remeex re-adjustable sling for the treatment of Recurrent SUI or ISD

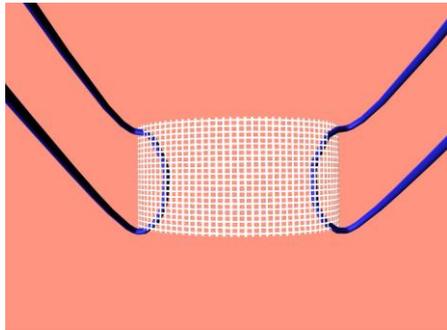
Dr. Carlos Errando

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Fundació Puigvert
Barcelona**



Fundació Puigvert

REMEEEX: External Mechanical Regulation

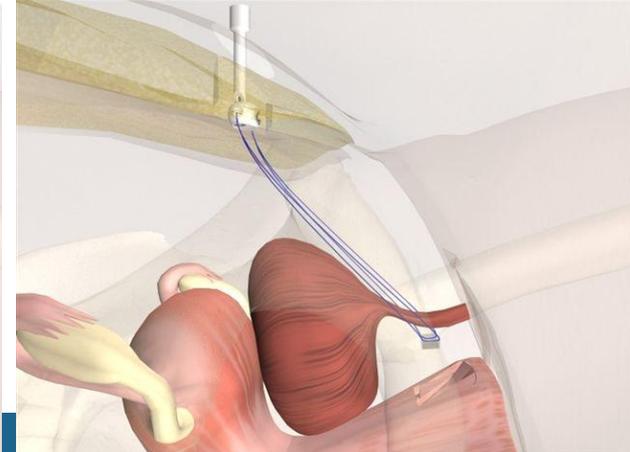
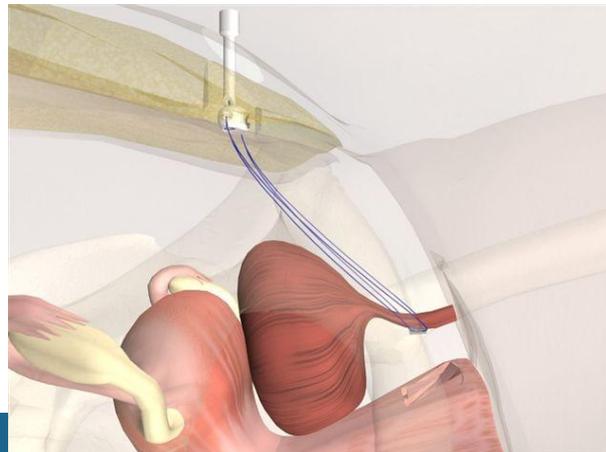
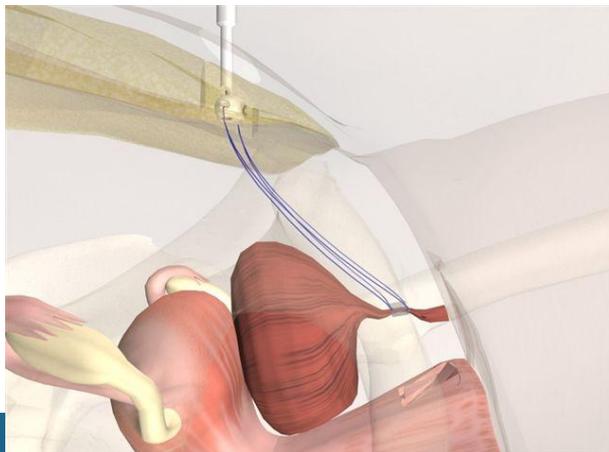
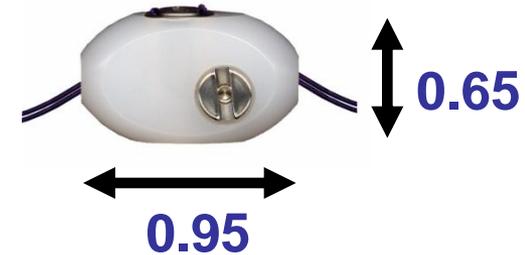


Polipropilene sling: 3 x 1,5 cm



Manipulator

Varitensor



Re-sling complications:

	%
Low urinary tract lesion	0 - 8
De novo urgency	6 - 20
Voiding dysfunction	4 -16
Retention + loosening tape	0 - 9
Pradhan A Int Urogynecol J 2012	

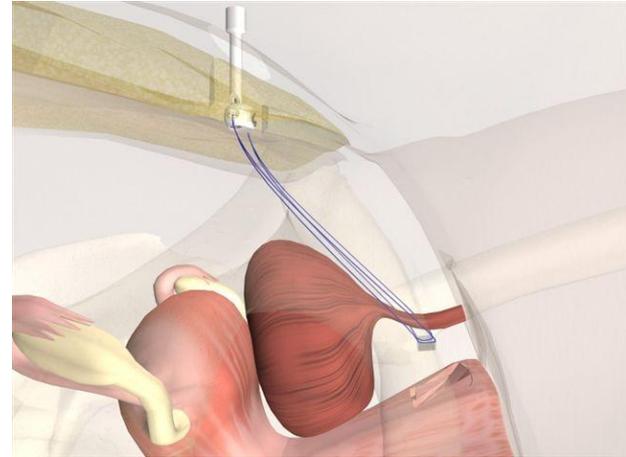
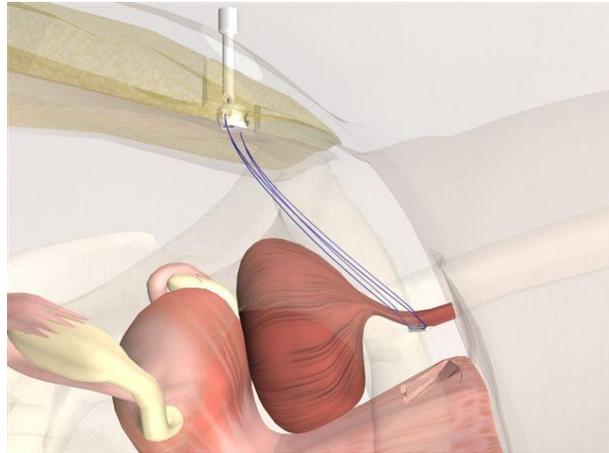
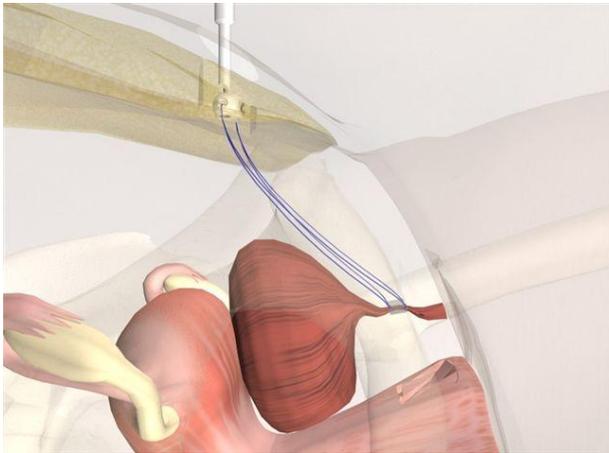
Surgical complications: Initial vs Re-sling

	Initial	Re-sling	p
De novo Urgency	14	30	<0,001
De novo Urge incontinence	5	22	<0,001
Stav K. J Urol 2010			

	Initial	Re-sling	p
Voiding dysfunction	4,3	8,8	<0,001
Sling transection	0,8	2,5	<0,001
Davila IntUrogynecolJ2013			



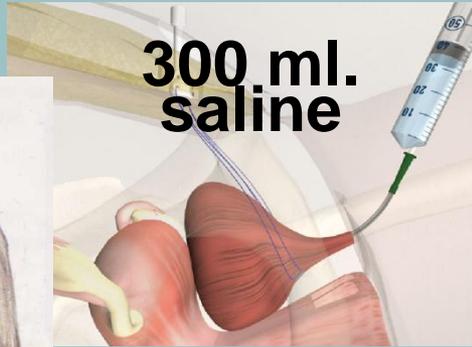
Regulation:



Regulation:

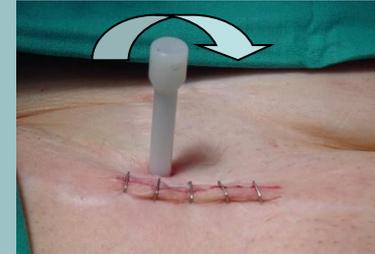


300 ml.
saline



24 / 48 h.
postop.

Adjustment
depending on
continence:
(cough test)

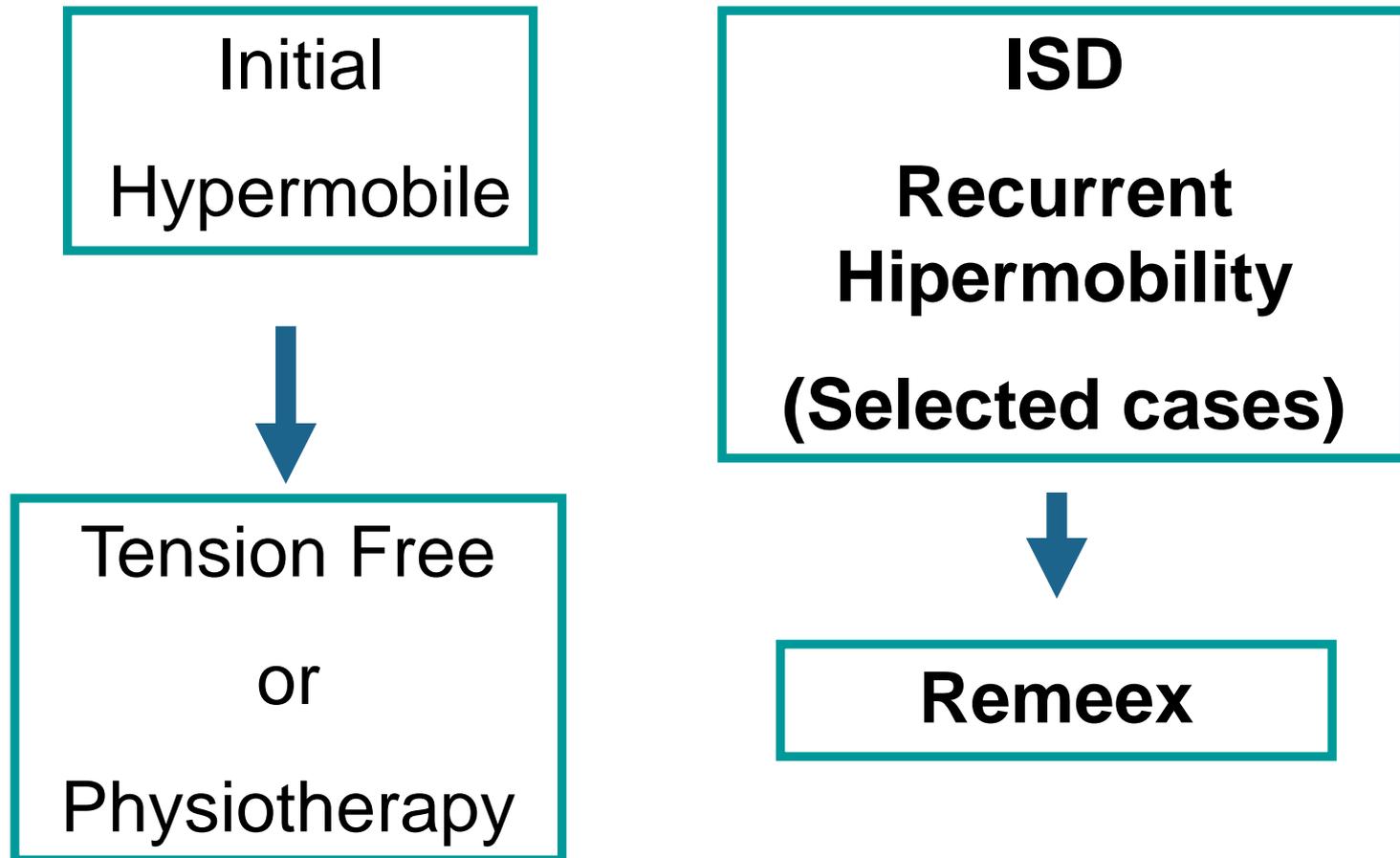


+ PAD TEST

Residual measurement



When do we use Remeex ?





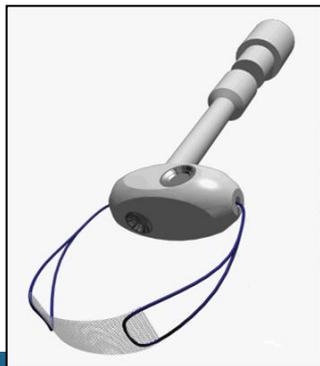
A Re-Adjustable Sling for Female Recurrent Stress Incontinence and Sphincteric Deficiency: Outcomes and Complications in 125 Patients Using the Remeex Sling System

Carlos Errando,^{1*} Fernando Rodriguez-Escovar,¹ Cristina Gutierrez,¹ Carlos Baez,¹
Pedro Araño,¹ and Humberto Villavicencio¹

TABLE I. Results

	Recurrent SUI, n = 55	ISD, n = 70	Total, n = 125
Cured	49	60	109 (87%)
Failed			
Refuse re-adjustment	4	5	
Pending re-adjustment	2	5	
Total failed	6	10	16 (13%)

SUI, stress urinary incontinence; ISD, intrinsic sphincteric deficiency.

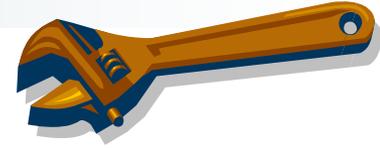


89%

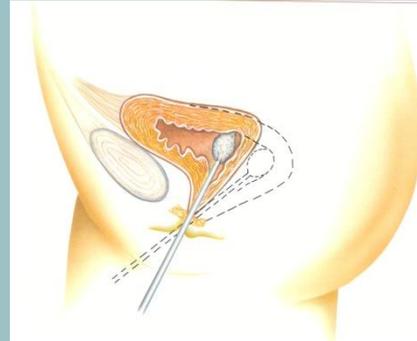
Follow-up 38 months (26–72)

85%

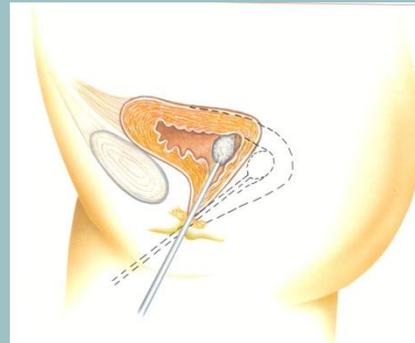
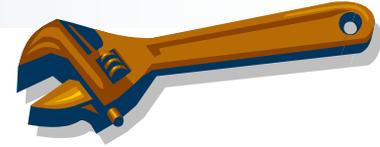
Patients and Methods



Historia
Clínica:
123456



Patients and Methods



n = 205

Recurrent:	96	(47%)
ISD:	109	(53%)

Conclusions:

n = 205

fup: 72 months (18-159)

	Recurrent SUI n = 96	ISD n = 109	TOTAL n = 205
Continent	79 (82%)	86 (79%)	165 (80%)
IOE	17 (18%)	23 (21%)	40 (20%)

18 refuse re-adjustment (9%)
10 pending re-adjustment (5%)

Subjective:

“no leak at stress”

Objective:

No pads wet

Neg. Pad Test

No SUI on Urodynamics

Conclusions:

Re-adjustment (local):

¿ How many ? 71 patients (35%) 88 re-adjustments

¿ When ? 36 months (6 - 106)

180 Increase tension (SUI recurrence)

48 Decrease tension (obstruction)

Conclusions:

Complication	Clavien	N	%
De-novo DH	II	28	13,7
UI due to De-novo DH	II	21	10,2
Urinary Retention (Temp Self-catheterisation)	II	3	1,5
Total Clavien II		52	25,4
Hipogastric infection: Extraction	III	3	1,5
Urethral Erosion: Extraction & urethrorraphy	III	2	1
Vaginal Erosion	III	2	1
Partial Resection		1	
Infection and prosthesis extraction		1	
Total Clavien III		7	3,4
Total Complications		59	28,8

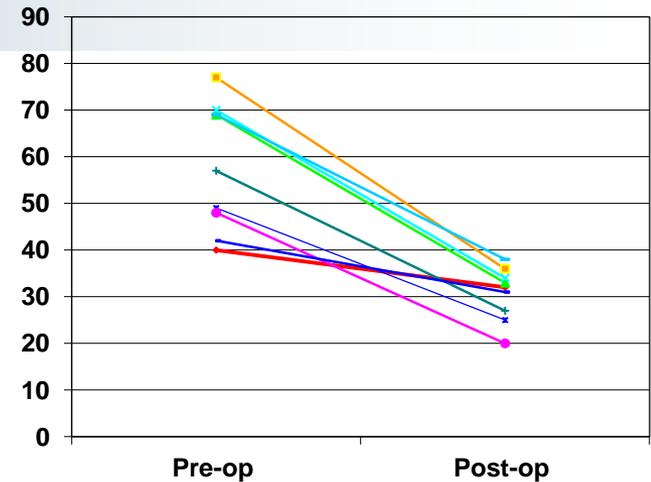
QUALITY OF LIFE ASSESSMENT **AFTER REMEEX RE-ADJUSTABLE SLING** **FOR RECURRENT STRESS INCONTINENCE AND** **INTRINSIC SPHINCTERIC DEFICIENCY**

**Carlos Errando, Cristina Gutiérrez,
Fernando Rodriguez-Escovar, Carlos Báez,
Pedro Arañó, Humberto Villavicencio**

**Fundació Puigvert
Barcelona
SPAIN**



King's Health Questionnaire:



KH Domains	Pre x(de)	Post x(de)	Dif. media	IC 95%		p
General Health	40 (21)	32 (23)	-8	-3	-13	=0,003
Incontinence Impact	77 (33)	36 (35)	-41	-31	-52	<0,0001
Role Limitations	69 (32)	33 (31)	-36	-26	-45	<0,0001
Physical Limitations	70 (31)	34 (31)	-36	-26	-45	<0,0001
Social Limitations	49 (35)	25 (35)	-24	-14	-33	<0,0001
Personal Relationship	48 (38)	20 (32)	-29	-15	-42	<0,0001
Emotions	57 (32)	27 (30)	-29	-21	-38	<0,0001
Sleep/Energy	42 (35)	31 (32)	-11	-2	-20	=0,015
Bother	69 (19)	38 (25)	-31	-25	-37	<0,0001

POSTER No
1001858

ARE WE OBSTRUCTING OUR PATIENTS TO CURE THEIR INTRINSIC SPHINCTERIC DEFICIENCY INCONTINENCE ? URODYNAMIC RESULTS BEFORE AND AFTER A REMEEX READJUSTABLE SLING

Carlos Errando, Cristina Gutiérrez, Fernando Rodríguez-Escovar, Carlos Báez, Pedro Arañó, Humberto Villavicencio
Fundació Puigvert, Barcelona (Spain)

REMEEX EXTERNAL MECHANICAL REGULATION SLING



SURGICAL TECHNIQUE



NEEDLE PASSAGE

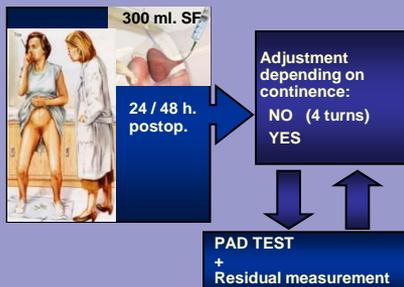


VARITENSOR PLACEMENT



FINAL APPEARANCE

REGULATION



PATIENTS AND METHODS

No.: 83 patients

ISD:

Age: 61 years (42-80)

- Leak at rest, or minimal stress
- Urethral mobility (< 20° in Q-tip test)
- Maximal Urethral Closure Pressure

Urodynamics:

before & after surgery

Follow up: 53 months (6-80)

Continence:

Cured 70(84%)
Incontinent 13(16%)

Uroflowmetry Qmax
Cistometry & Pressure/Flow
URA

Negative Cough Test
Negative Pad Test

Voiding phase urodynamic parameters in cured patients before and after the sling:

	Preop	Postop	difference	diff CI (95%)	p
Qmax Uroflow (ml/s)	25	18	-8	-4, -11	0.000
Qmax P/F (ml/s)	24	16	-9	-6, -12	0.000
PdetQmax P/F (cmH2O)	14	20	6	1, 7	0.008
URA*	0.1	0.5	0.5		ns

Student's t-test, *Wilcoxon signed-rank test

Comparison of the differences in the voiding phase parameters in cured versus incontinent patients after the sling:

	Cured	IOE	p
Diff Qmax Uroflow	-8	-10	ns
Diff Qmax P/F	-9	-7	ns
Diff PdetQmax P/F	6	2	ns
Diff URA	0.5	0.3	ns

RESULTS

Differences in the voiding phase parameters before the surgery in cured versus incontinent patients.

	Cured	IOE	p
Qmax Uroflow postop	18	15	ns
Qmax P/F postop	16	15	ns
PdetQmax P/F postop	20	22	ns
URA postop	0.5	0.2	ns

CONCLUSIONS

- Good cure rate in Intrinsic Sphincteric Deficiency
- No evidence of obstruction after the surgery
- The changes in the postoperative UDS can be considered clinically meaningless

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Conclusions:

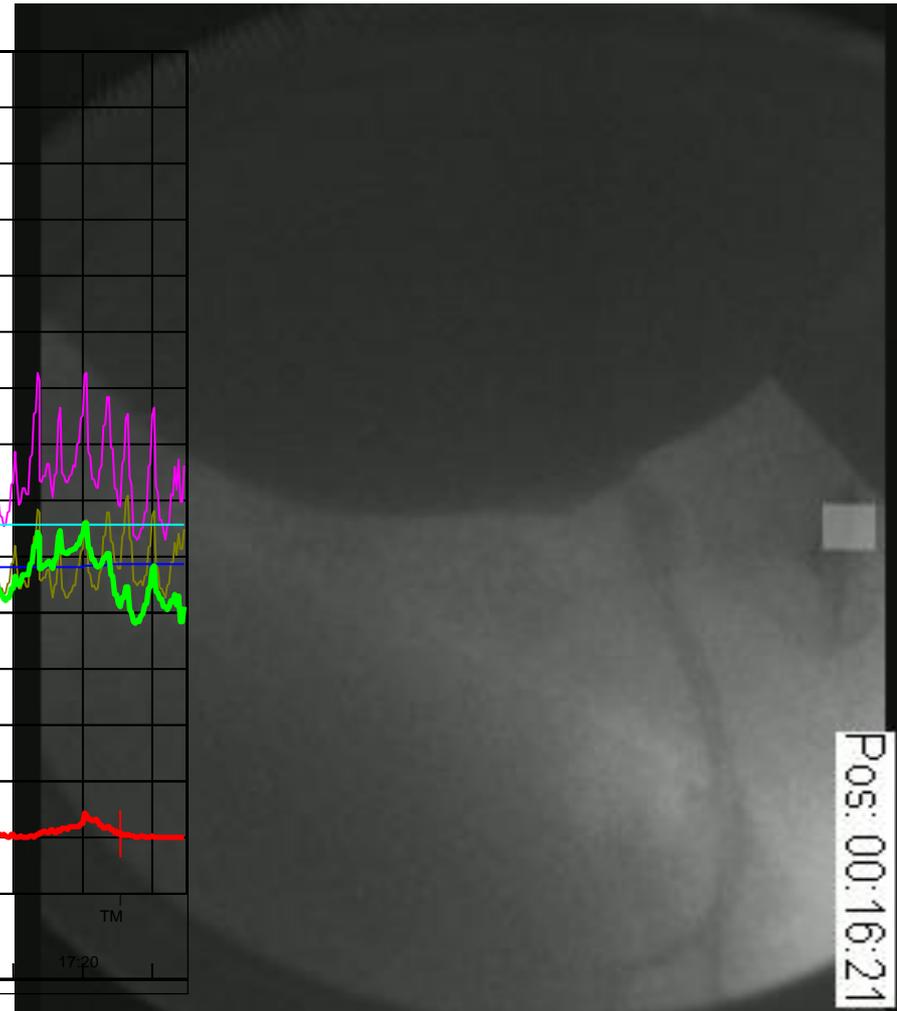
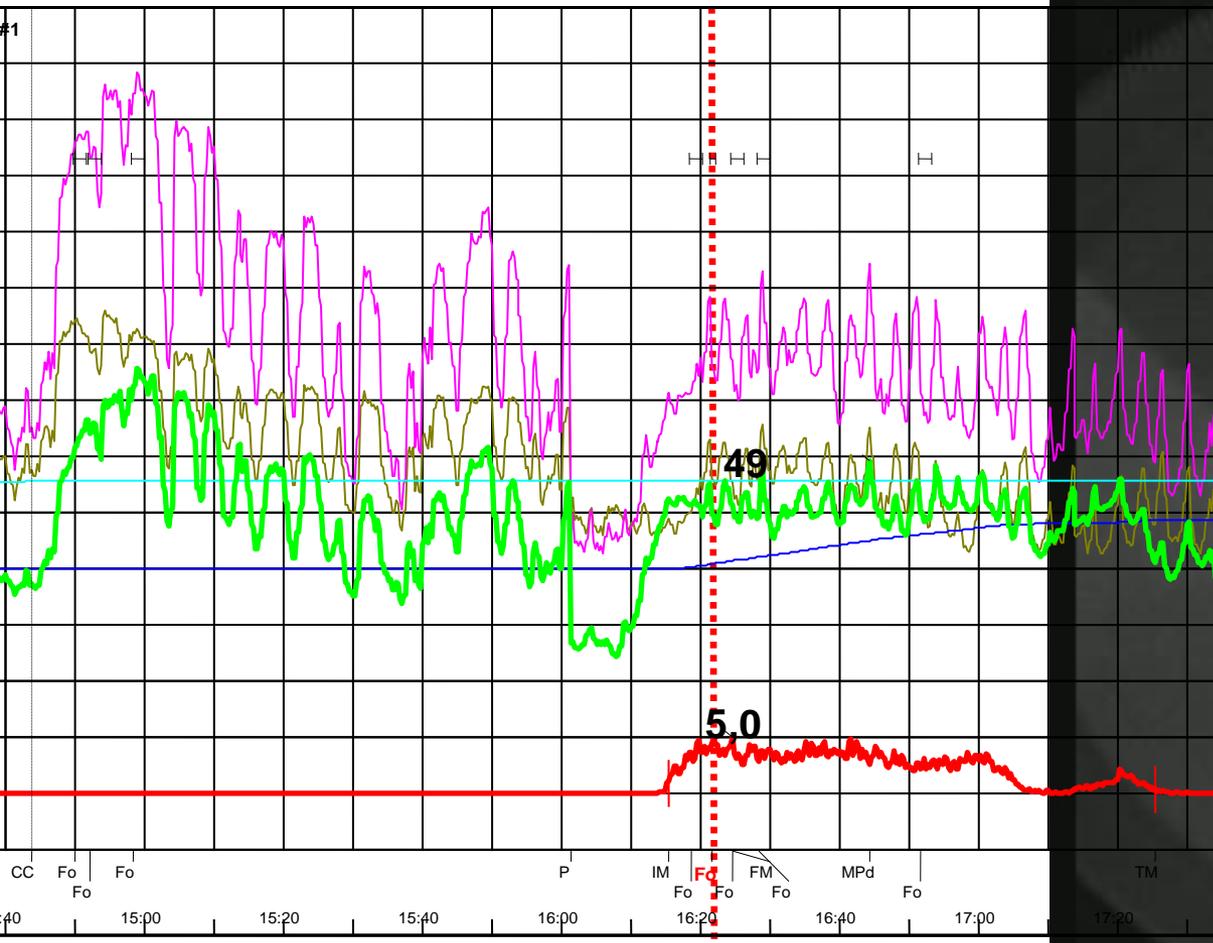
- Good cure rate, either in recurrent SUI or Intrinsic Sphincteric Deficiency
- Low complication rate
- Re-adjustment has been possible whenever necessary

That's all Folks!



Re-adjustment:

Obstruction



Re-adjustment:

After release of tension

