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Adult urology

Is fascia lata allograft material trustworthy for pubovaginal sling repair?

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## **Abstract**

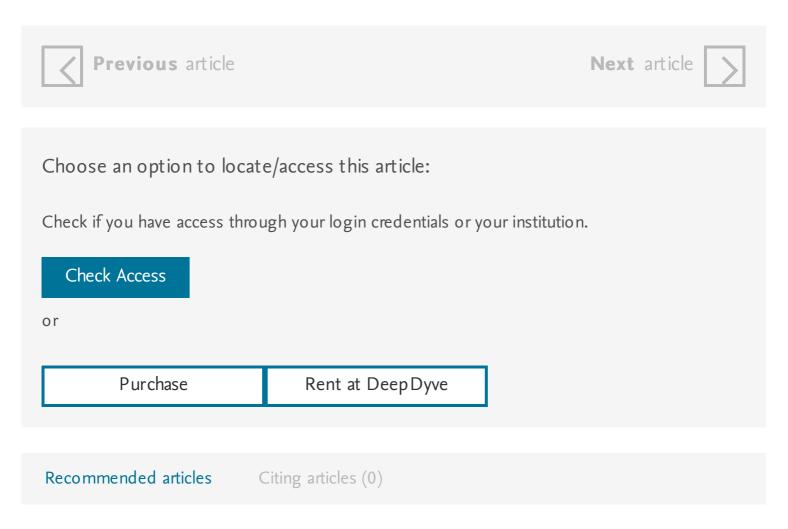
Objectives. In a recent publication, cadaveric fascia lata used for pubovaginal sling procedures was reported as having an early, rapid, and high failure rate. Recurrent incontinence was reported to occur from 1 week to 5 months after surgery. The study concluded that cadaveric tissue should not be used for urogynecologic procedures. Their results, however, were significantly different from what we found in clinical practice. We reviewed our series of cadaveric pubovaginal slings to determine the occurrence of rapid breakdown of cadaveric sling tissue leading to recurrent stress urinary incontinence.

Methods. At our institution, since June 1998, pubovaginal slings have been performed using only cadaveric fascia lata. Because all of the failures in the aforementioned study occurred within 5 months (mean 11 weeks) of surgery, we included in our series only nations with a minimum of 12 months of follow-up to ensure a long enough follow-up.

period for failure of the donor tissue to occur. Duration of follow-up and current continence status was documented.

Results. Twenty-six patients, with a mean follow-up of 15 months (range 12 to 20), were evaluated. Twenty-four of 26 (92%) patients used one or fewer pads per day: 20 of 26 (77%) were completely dry and 4 of 26 (15.4%) used only one pad per day. Two of 26 (7.7%) required two pads per day. Twenty-five of 26 (96%) reported being â€æsignificantly improved†and were â€ævery pleased and satisfied†with the results of surgery.

Conclusions. We found no evidence of rapid degradation of solvent-dehydrated cadaveric tissue resulting in early recurrent incontinence. We think these data support the continued use of cadaveric allograft material, especially given its intraoperative and postoperative advantages. Clearly, long-term evaluation of the durability of the cadaveric slings in comparison with autologous fascia is warranted.



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