Introduction and Objective: We present our results with a re-adjustable sling recently approved by the FDA. The Remeex system consists of a 3 cm polypropylene patch sling with 2 prolene sutures which connect the sling to a small prosthesis, which is placed over the rectus fascia. A small adjustment arm exits the skin for 1-2 days allowing for tightening or loosening of the sling system. The sling is placed tension free at surgery, but then tightened or loosened the following day based on patient cough testing and pad testing. The varitensor can be easily accessed via ambulatory surgery under local anesthesia if necessary at a later date.

Methods: 105 patients with either recurrent Genuine Stress Incontinence or with ISD underwent the Reemex procedure. Patients were classified by clinical criteria, Q-tip and urodynamics into ISD (63 cases) or recurrent hyper-mobility SUI (42 cases). Outcome measures included urodynamic assessment of cure, and the King’s Health Questionnaire.

Results: After a mean follow up period of 24 months, 92 patients (87.6%) are cured of stress incontinence with 16 of them (15.2%) showing some evidence of urge incontinence (7 with previous mixed incontinence, and 9 with de-novo detrusor overactivity). At this point, 13 patients (12.3%) are not objectively cured of SUI (4 satisfied patients refused re-adjustment, and 9 are in the waiting-list for re-adjustment). Sixteen cases (15.2%) of the 92 successes required adjustment of the sling months after the initial procedure. The ability to adjust the sling was useful to convert failures into cures. The tension was increased in 12 cases after a mean period of 9 months, and reduced in 4 cases. Eighty-eight patients (84%) are satisfied with the result of the surgery based on the questionnaire. The varitensor has been withdrawn in one case due to infection but continence was preserved. Bladder perforation occurred in 12 patients. No other complications were seen.

Conclusions: The Remeex adjustable system provides a good cure rate for recurrent SUI and ISD with a low complication rate. The correct sling tension is easily achieved during the postoperative period, and when necessary is able to convert late failures into cures. Both loosening and tightening was successful in bringing about clinical improvements. The problems of obstruction and recurrent incontinence during the follow up period were resolved successfully in every case. Re-adjusting the sling was achieved by re-accessing the implant under local anesthesia.

Moderated Poster: Female Urology (II) (10:00 AM-12:00 PM)