**Long-term evaluation of safety and efficacy of the Remeex re-adjustable sling for recurrent stress incontinence and sphincteric deficiency**

*A multicentric Study.*

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**Introduction and objectives:** From June 2000, 71 female patients were operated with the TRT (Tension free Readjustable Tape) in our centres. The procedure, main technical points, as well as the good results obtained in terms of efficacy and safety, has been presented in previous abstracts. In this communication, we present the long-term results in 71 patients with a minimal follow-up of 48 months.

**Methods:** 71 patients classified by clinical criteria, Q-tip and urodynamics, into ISD (43 cases) and recurrent hyper-mobility SUI (28 cases) underwent the TRT procedure. Outcome measures included urodynamic assessment of cure, and the King’s Health Questionnaire.

**Results:** After a mean follow up period of 50 months (range 48-78), 63 patients (88.73%) are objectively cured of stress incontinence. 2 (2.82%) additional patients are satisfied and refused re-adjustment, and the remaining 6 (8.45%) patients are on the waiting list for readjustment. 13 patients (18.31%) show some evidence of urge incontinence, 7 of them (9.8%) had previous mixed incontinence, and 6 (8.4%) present de-novo detrusor overactivity incontinence. 2 cases (3.17% of the 63 successes) required adjustment of the sling months after the initial procedure. 65 (91.55%) 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 The varitensor has been withdrawn in one case due to infection but continence was preserved. No other adverse events or complications were seen.

**Conclusions:** The Remeex adjustable sling system provides a good cure rate for recurrent SUI and ISD with a low complication rate at long-term follow-up. The correct sling urethral support level is easily achieved during the early postoperative period, and when necessary, one is able to convert failures into cures. Increasing and decreasing the sling support level was successful in achieving clinical improvements. The problems of obstruction and recurrent incontinence during the follow up period were resolved successfully in every case, by re-accessing the adjusting varitensor under local anesthesia.