

HARVESTING OF FASCIA LATA FOR PUBO-VAGINAL SLING IN WOMEN

Introduction

Autologous fascia harvest for pubovaginal sling in the management of intrinsic sphincteric deficiency in women should be part of the armamentarium of the reconstructive surgeon. The procedure can be accomplished through a short incision with minimal morbidity. In women with obesity, prior suprapubic mesh placement for hernia, or prior abdominoplasty, the rectus fascia is either difficult to harvest or maybe of relative poor quality. This movie describes the steps in the harvesting of a short segment of fascia lata.

Design

A 57 year old woman with severe stress urinary incontinence secondary to intrinsic sphincter deficiency who refused a synthetic sling and had a prior tigh abdominoplasty precluding rectus fascia harvest was offered a fascia lata sling harvest. Because she sleeps on her right side, her left side was chosen and the thigh prepped in the field. The knee joint was marked distally as well as the direction of the fascia lata by an arrow. A short 3-4 cm transverse incision was made two fingers breadth above the knee joint to avoid any interference with the knee function.

Following the skin incision, the fat was freed on top of the fascia which was easily recognized as a white shiny structure. The distal end was incised over 2 centimeters. Next the free edge of the fascia lata strip was secured with interrupted Vicryl sutures to manipulate the fascia with minimal interference. Now the strip will be harvested by extending the side incisions above and below lengthwise until about 5-6 cm of fascia lata was freed. After dividing the fascia lata at the desired length, there was no attempt at re-approximating the fascial edges. The wound was irrigated with antibiotic solution. A short quarter inch Penrose drain was left for 24 hours, and was secured to a skin stitch so that it can be removed the next day without removing the skin stitch underneath. The incision was closed with a few interrupted absorbable sutures on the subcutaneous tissues, followed by skin closure with 4/0 nylon sutures. These sutures will be removed 10-14 days later and replaced by steristrips. A small telfa tegaderm was placed over the incision. The harvested fascial strip was marked in the midline and secured at each extremity with a running non-absorbable suture as described in the UITN Sister trial of fascial sling versus Burch suspension.

The final flat and suture-secured positioning of the fascia lata sling underneath the urethra is demonstrated at the completion of the procedure, followed by the closure of the vaginal incision.

Results

In brief, out long-term functional outcomes with the fascia lata sling have been good.[1] In a series of women undergoing this procedure for fixed urethra and sphincteric deficiency followed for a minimum of 6 months, our outcome measures were validated questionnaires and pad usage.

Success was defined as no pad, low stress incontinence score of 0 or 1, and no reoperation for stress urinary incontinence.

In these older women, the main indication was obesity or prior abdominal surgeries, and the mean follow-up was 100 months.

Questionnaire scores and pad usage decreased significantly from baseline. A reinforcing bulking agent was used in 3.

Compared to rectus fascia sling, we did not observe difference in long-term outcomes at a mean of 8 years follow- up with a very satisfactory cure rate overall. And the incision to harvest the fascia lata sling did not create any long-term sequelae.

Conclusion

Fascia lata sling surgery represents an alternative approach for native tissue repair sling in women in whom a rectus fascia harvest is not indicated or desired. In our experience, the longterm outcome of this sling procedure in women with severe SUI secondary to ISD was no different than in those who underwent a rectus fascia sling.

References

1. Lee D, Murray S, Bacsu CD, Zimmern PE. Long-term outcomes of autologous pubovaginal fascia slings. Is there a difference between primary and secondary slings? *Neurourol Urodyn* 34(1):8-23, 2015

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