

CADAVERIC VERSUS AUTOLOGOUS FASCIA LATA FOR THE PUBOVAGINAL SLING: SURGICAL OUTCOME AND PATIENT SATISFACTION

[SCOTT L. BROWN](#)

and

[FRED E. GOVIER](#)

[View All Author Information](#)

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Abstract

Purpose: We report our initial experience with cadaveric fascia lata in pubovaginal sling procedures.

Materials and Methods:

We compared 121 consecutive women who underwent a sling procedure using cadaveric fascia lata from February 1997 through June 1999 (group 1) with 46 consecutive women who underwent a sling procedure using autologous fascia lata from May 1994 through July 1997 (group 2).

Results:

Mean followup was longer in group 2 (44 versus 12 months). A total of 104 of the 121 group 1 patients (86%) responded to the questionnaire, of whom 85% were cured of stress incontinence, 83% reported overall improvement in urinary control and 74% had no or minimal leakage not requiring pads. Median catheterization time was 9 days (range 4 to 120). Overall 89% of the women were satisfied with the results and 83% would recommend this surgery. A total of 30 of the 46 group 2 patients (65%) responded to the questionnaire, of whom 90% were cured of stress incontinence, 90% reported overall improvement in urinary control and 73% had no or minimal leakage not requiring pads. Median catheterization time was 14 days (range 6 to 180). Overall 90% of the women were satisfied with the results and 83% would recommend this surgery.

Conclusions:

Cadaveric fascia lata pubovaginal slings appear to be safe. Early experience suggests that cadaveric fascia lata may be considered an alternative to autologous fascia. Cadaveric and autologous fascia lata appear to have a high success rate.

From the Department of Urology and Renal Transplantation, Virginia Mason Medical Center, Seattle, Washington

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