

LAPAROSCOPIC BURCH COLPOSUSPENSION CURES OR IMPROVES 97% OF PATIENTS WITH BLADDER NECK PROLAPSE

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100 patients who underwent a laparoscopic Burch colposuspension have been followed-up for at least one year. 75 of these patients had only a laparoscopic Burch colposuspension as the initial operation while the other 25 patients had additional operations, which included: Laparoscopic assisted vaginal hysterectomy (8 Patients), vaginal hysterectomy (7), sacrospinous fixation of vaginal vault (4), uterosacral plication (3), and sacrocolpopexy (3).

Of the 75 patients who only had an initial laparoscopic Burch colposuspension, 8 developed vaginal vault prolapse and 3 developed uterine prolapse and needed further surgery.

In summary: 64% of patients were suitable for only laparoscopic Burch colposuspension due to bladder neck prolapse without any mobility of the vaginal vault structures. 36% of patients needed additional surgery at the time of the Burch colposuspension or later on.

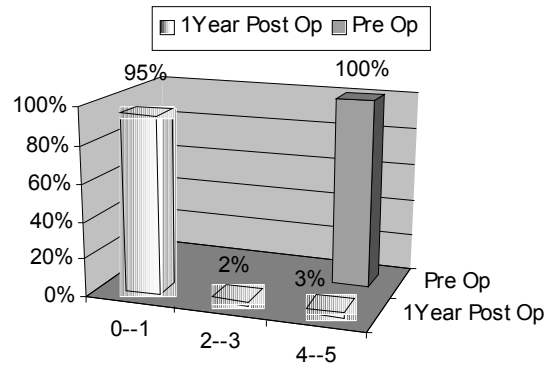
All patients were evaluated before and after the operation by a questionnaire as follows:

Please evaluate your symptoms on a scale from 0 to 5 (0 = no trouble at all, 5 = severe trouble):	
1. Incontinence with cough, sneeze, jump or similar	0 1 2 3 4 5
2. Incontinence when you have a severe urge to pass urine and cannot reach the toilet in time	0 1 2 3 4 5
3. Frequency during daytime (less than three hourly)	0 1 2 3 4 5
4. Passing urine more than once at night	0 1 2 3 4 5
5. Poor urinary flow	0 1 2 3 4 5
6. Feeling of incomplete bladder emptying	0 1 2 3 4 5

The results of the 64 patients who underwent a laparoscopic Burch colposuspension for bladder neck prolapse without any other additional prolapse are as follows:

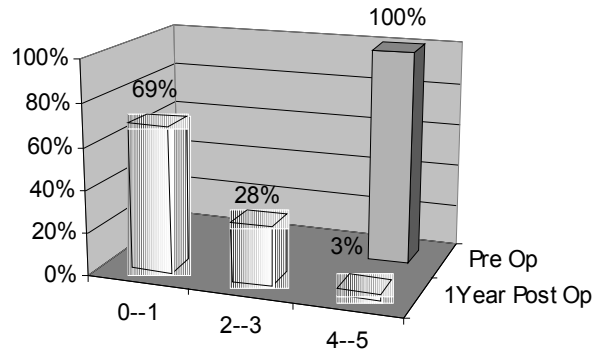
1. Stress Incontinence

56 patients presented with a score of 4 or 5 pre-operatively and of these patients 53 (95%) had a score of 0 or 1, one year post-operatively. One patient (2%) improved with a score of 2 - 3 (97% therefore were cured or have improved).



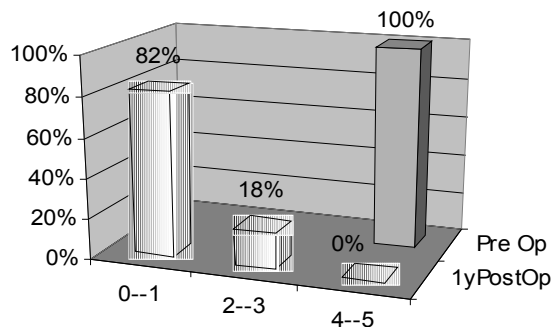
2. Urge Incontinence

32 patients presented with a score of 4 or 5 pre-operatively and of these patients 22 (69%) had a score of 0 or 1, one year post-operatively. 9 patients (28%) improved with a score of 2 - 3 (97% therefore were cured or have improved).



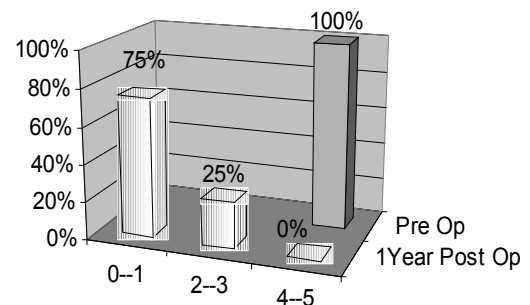
3. Frequency (Daytime)

17 patients presented with a score of 4 or 5 pre-operatively and of these patients 14 (82%) had a score of 0 or 1, one year post-operatively. 3 patients (18%) improved with a score of 2 - 3 (100% therefore were cured or have improved).



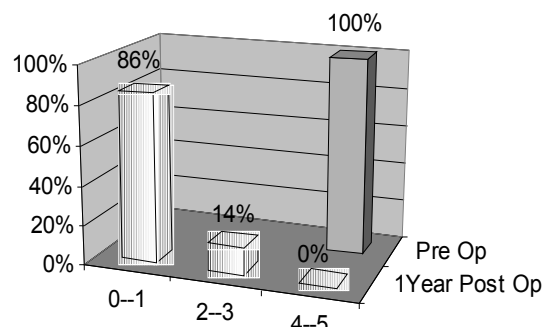
4. Nocturia

16 patients presented with a score of 4 or 5 pre-operatively and of these patients 12 (75%) had a score of 0 or 1, one year post-operatively. 4 patients (25%) improved with a score of 2 - 3 (100% therefore were cured or have improved).



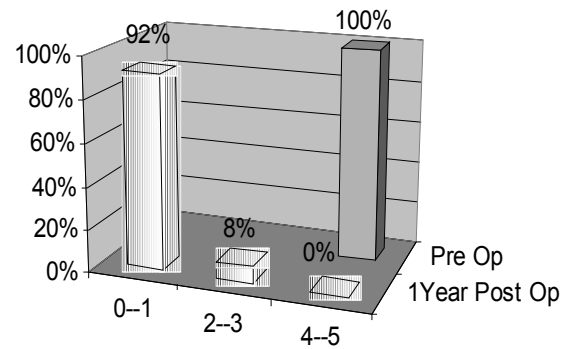
5. Poor Urinary Flow

7 patients presented with a score of 4 or 5 pre-operatively and of these patients 6 (86%) had a score of 0 or 1, one year post-operatively. 1 patient (14%) improved with a score of 2 - 3 (100% therefore were cured or have improved).



6. Feeling of Incomplete Bladder Emptying

13 patients presented with a score of 4 or 5 pre-operatively and of these patients 12 (92%) had a score of 0 or 1, one year post-operatively. 1 patient (8%) improved with a score of 2 - 3 (100% therefore were cured or have improved).



Summary

Laparoscopic Burch colposuspension has been able to cure or improve at least 97% of patients in each category of urinary symptomatology as long as there was no other additional prolapse present at the time of the initial surgery or developed later on. The traditional view that a Burch colposuspension can cause urge incontinence and frequency does not seem to be true in this study and if a patient has got urge incontinence or frequency post operatively, then they most probably have bladder prolapse associated with vaginal vault prolapse or uterine prolapse.

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