

LES BANDELETTES PROTHETIQUES SOUS-URETRALES

Dr DOREZ Maxence

C.H.U de NICE

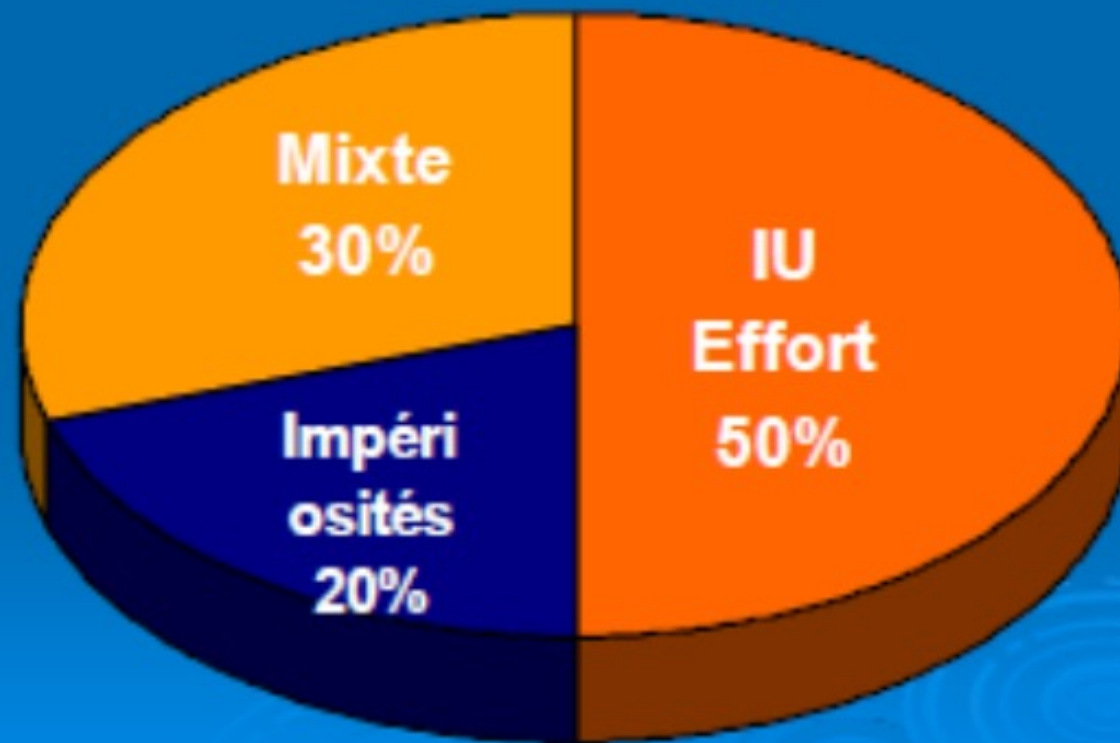
Vendredi 24 juin 2022



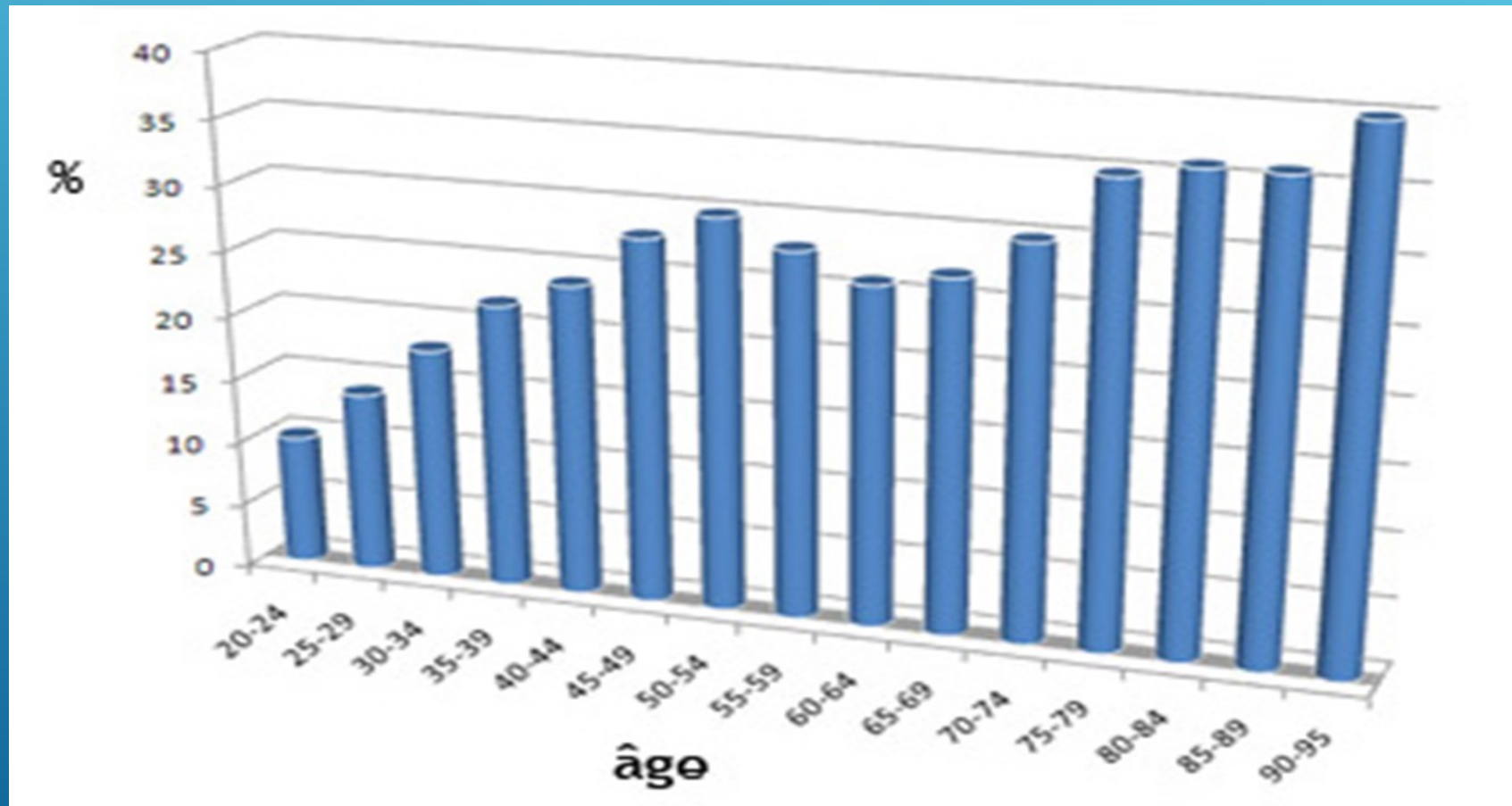
I.U.E PURE

- ▶ L' **incontinence urinaire** à l'**effort**, ou **incontinence d'effort**, est une pathologie qui entraîne des fuites quand vous riez, éternuez ou tousssez, vous levez, soulevez un objet lourd ou pendant d'autres types d'**effort** physique. Il s'agit de la forme la plus commune d'**incontinence urinaire** chez les femmes

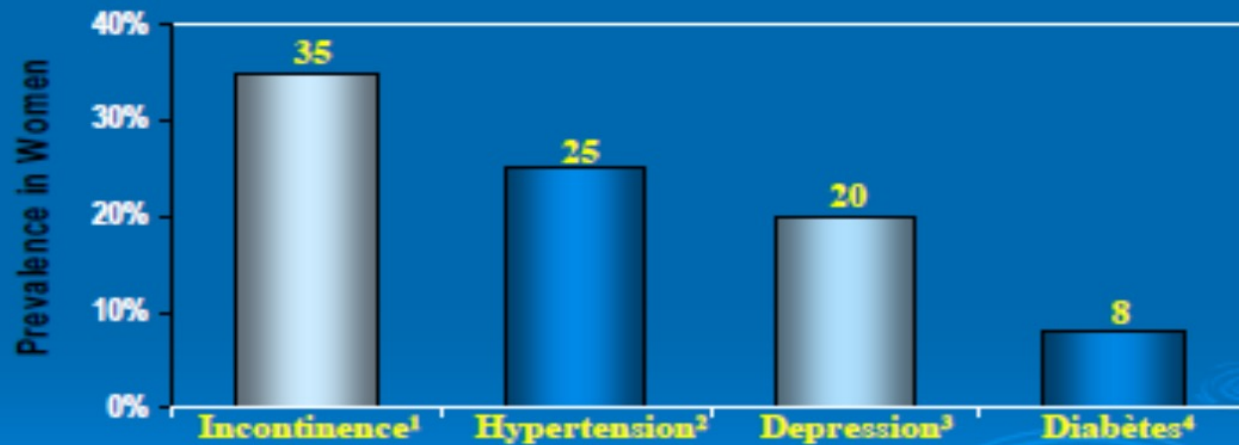
Types d'incontinence urinaire de la femme



FREQUENCE I.U.E



Épidémiologie



1. Stempel C, et al. *Obstet Gynecol*. 1997;50(suppl 6A):6-14.
2. American Heart Association. *Electronic Citation*; 2001.
3. American Family Physician. *Electronic Citation*; 2001.
4. NIDDK. *Electronic Citation*; 2001.

1ère cause retrouvée, en cumulé, lors de la consultation chez le généraliste

HISTOIRE

- ▶ Les théories permettant d'expliquer l'IUE par hypermobilité uréthro-cervicale ont évolué au cours des cinquante dernières années

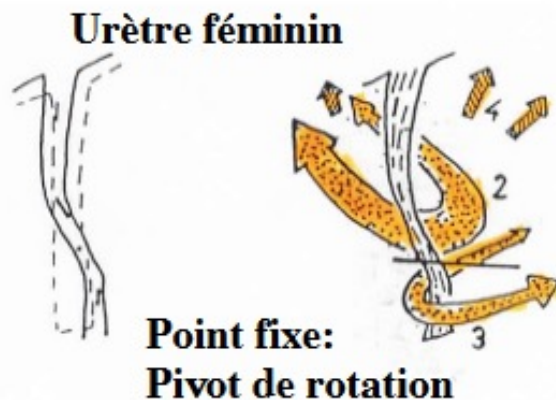


Figure 3: Le «point fixe» de Jean de Leval. Le «point fixe» sépare deux segments urétraux distincts, l'un inférieur et l'autre supérieur. Lors de l'interruption de la miction, le segment supérieur de l'urètre est attiré vers l'avant alors que le segment inférieur, plus court, est attiré en arrière, et ce à la faveur des muscles périnéaux (releveurs de l'anus et bulbo-caverneux). Ces mouvements urétraux autour du point de rotation jouent un rôle important dans les mécanismes responsables de la continence.

- ▶ Cette théorie a été confirmée par les travaux du gynécologue suédois Ulf Ulmsten qui a mis au point une technique chirurgicale efficace dont le but était de restaurer les moyens de fixité ou de soutien de l'urètre dans sa portion moyenne par l'intermédiaire d'une bandelette synthétique placée sous l'urètre.
- ▶ Inventées en Suède dans les années 1990, pratiquées en France depuis 1998 et largement utilisées au cours des deux dernières décennies, les BSU représentent une prise en charge chirurgicale simple, efficace et peu risquée de l'IUE
- ▶ France : environ 20 000 poses/an



SCANDALE PROTHESE VAGINALE (2019)

ACTE ENCADRE PAR LA LOI

27 octobre 2020

JOURNAL OFFICIEL DE LA RÉPUBLIQUE FRANÇAISE

Texte 8 sur 110

Décrets, arrêtés, circulaires

TEXTES GÉNÉRAUX

MINISTÈRE DES SOLIDARITÉS ET DE LA SANTÉ

Arrêté du 23 octobre 2020 encadrant la pratique des actes associés à la pose de bandelettes sous-urétrales pour le traitement chirurgical de l'incontinence urinaire d'effort chez la femme, en application des dispositions de l'article L. 1151-1 du code de la santé publique

NOR : SSAH2028857A

Le ministre de l'économie, des finances et de la relance et le ministre des solidarités et de la santé,
Vu le code de la santé publique, notamment ses articles L. 1151-1, R. 5212-36 à R. 5212-42 ;
Vu le code de la sécurité sociale, notamment ses articles R. 161-70 et R. 161-71 ;
Vu l'avis de la Haute Autorité de santé du 1^{er} octobre 2020 n° 2020.0051/AC/SED,


Arrêtent :

Art. 1^{er}. – L'acte de pose de bandelettes sous-urétrales pour le traitement chirurgical de l'incontinence urinaire d'effort chez la femme doit être réalisé dans les conditions suivantes :

- L'intervention doit être précédée d'une évaluation initiale en consultation, d'un bilan urogénital de l'incontinence urinaire et, le cas échéant, neurologique dans le respect des recommandations en vigueur et d'une concertation pluridisciplinaire ;
- Les patientes doivent être informées conformément au devoir d'information prévu à l'article R. 4127-35 du code de santé publique. Cette information comporte notamment : les informations relatives à l'incontinence urinaire d'effort et aux différents traitements conservateurs et chirurgicaux disponibles avec les avantages et risques de chacun. Si une pose d'implant est envisagée, les informations relatives au suivi post-opératoire et à la conduite à tenir en cas de complications doivent être précisées aux patientes, parmi lesquelles la possibilité de déclarer les incidents de matériovigilance par elles-mêmes. Cette information est délivrée par tout moyen, en complément d'une remise systématique de la fiche d'information standardisée disponible sur le site internet du ministère des solidarités et de la santé et des documents relatifs de traçabilité du dispositif à l'issue de l'intervention ;
- La décision de pratiquer un acte de pose d'une bandelette sous-urétrale chez les patientes présentant une incontinence urinaire d'effort doit être prise en concertation par une équipe pluridisciplinaire de pelvi-gynécologie après avoir envisagé toutes les solutions de prise en charge de l'incontinence urinaire féminine.

<https://www.legifrance.gouv.fr/jorf/id/JORFTEXT000042464843>

EFFICACITE – DUREE DE VIE

- ▶ Résultat sur le traitement du symptôme : 70 à 95%
 - ▶ Durée de vie : 80% sur 20 ans
- 

Mid-urethral sling operations for stress urinary incontinence in women

Abigail A Ford¹, Lynne Rogerson, June D Cody, Patricia Aluko, Joseph A Ogah

Affiliations + expand

PMID: 28756647 PMCID: PMC6483329 DOI: 10.1002/14651858.CD006375.pub4

[Free PMC article](#)

Abstract

Background: Urinary incontinence is a very common and debilitating problem affecting about 50% of women at some point in their lives. Stress urinary incontinence (SUI) is a predominant cause in 30% to 80% of these women imposing significant health and economic burden on society and the women affected. Mid-urethral sling (MUS) operations are a recognised minimally invasive surgical treatment for SUI. MUS involves the passage of a small strip of tape through either the retropubic or obturator space, with entry or exit include single-incision s

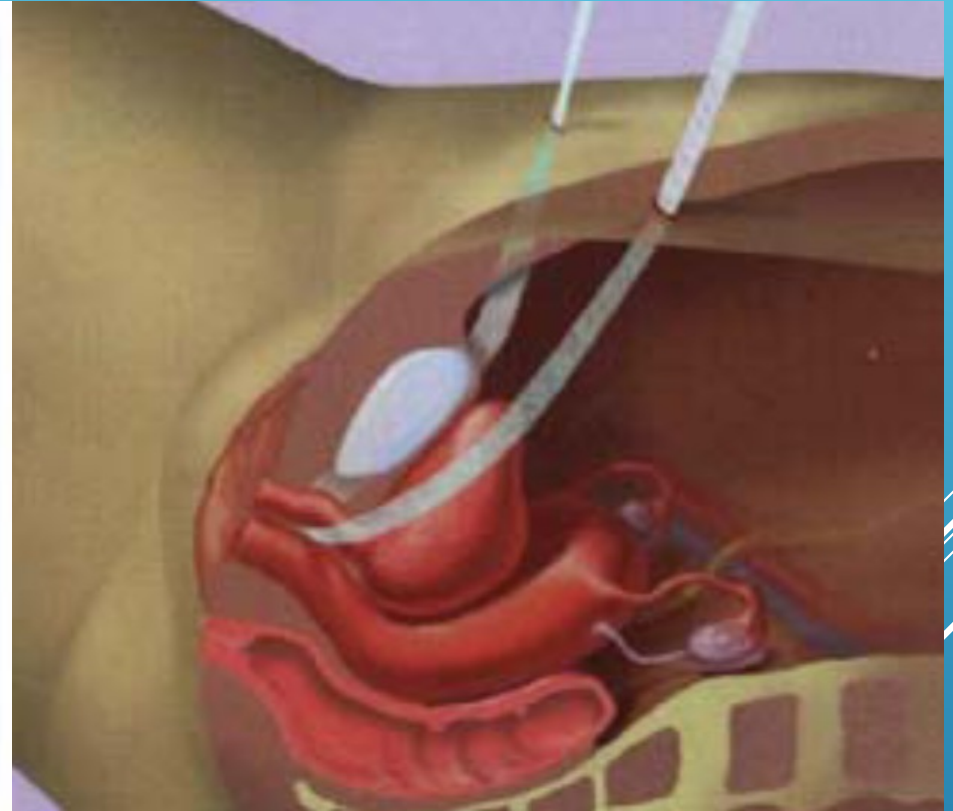
Objectives: To assess th
SUI, urodynamic stress i

Authors' conclusions: Mid-urethral sling operations have been the most extensively researched surgical treatment for stress urinary incontinence (SUI) in women and have a good safety profile. Irrespective of the routes traversed, they are highly effective in the short and medium term, and accruing evidence demonstrates their effectiveness in the long term. This review illustrates their positive impact on improving the quality of life of women with SUI. However, a brief economic commentary (BEC) identified three studies suggesting that transobturator may be more cost-effective compared with retropubic. Fewer adverse events occur with employment of a transobturator approach with the exception of groin pain. When comparing transobturator techniques of a medial-to-lateral versus a lateral-to-medial insertion, there is no evidence to support the use of one approach over the other. However, a bottom-to-top route was more effective than top-to-bottom route for retropubic tapes. A salient point illustrated throughout this review is the need for reporting of longer-term outcome data from the numerous existing trials. This would substantially increase the evidence base and provide clarification regarding uncertainties about long-term effectiveness and adverse event profile.

DIFFERENTES BANDELETTES

- ▶ TVT
 - ▶ TOT
 - ▶ Mini-bandelette
 - ▶ Bandelette réglable
- 

T.V.T (TENSION-FREE VAGINAL TAPE)



- ▶ (+) Efficacité (y compris si Insuffisance Sphinct.)

 - Peu de douleurs

 - Ambulatoire

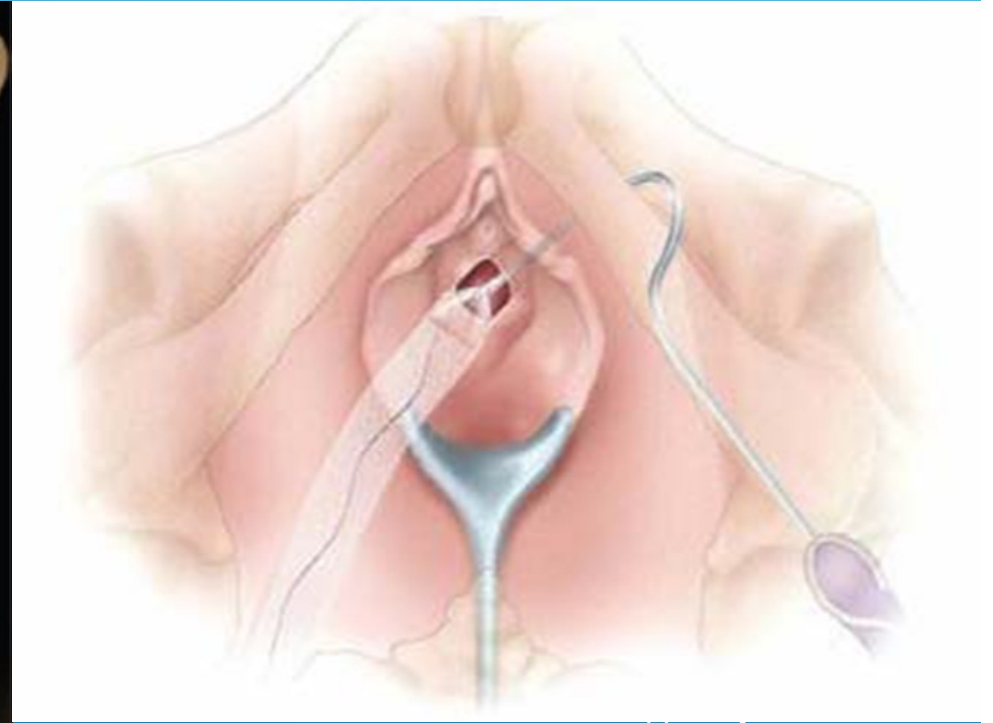
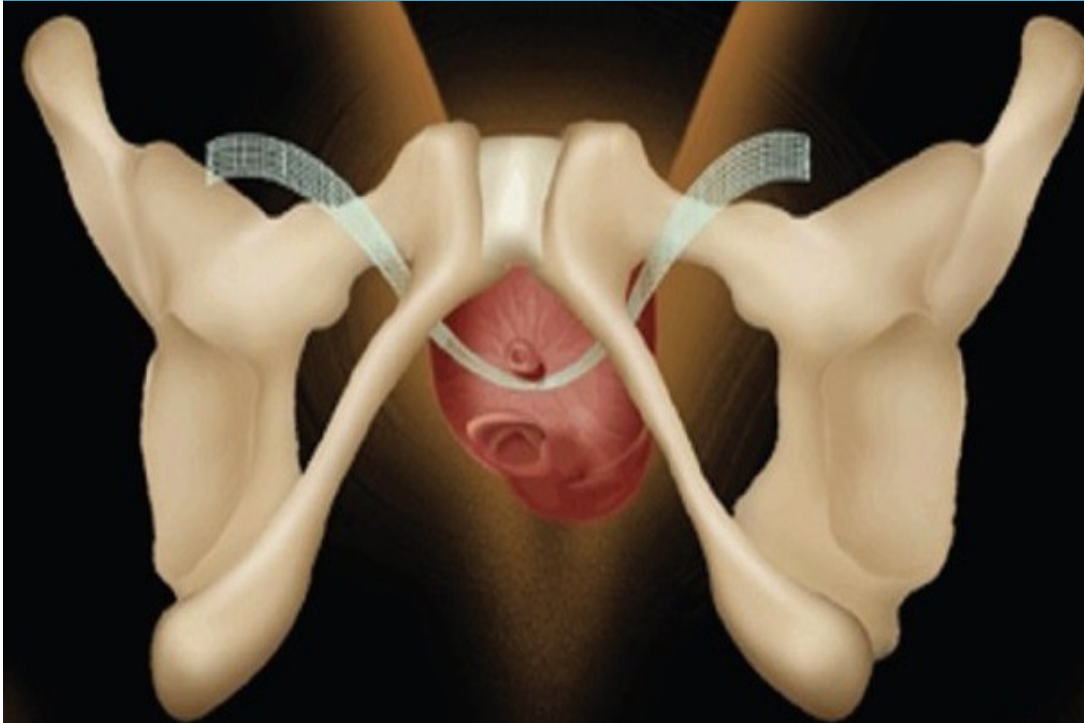
 - Long Terme

- ▶ (-) Perforation vésicale/digestive (5 à 10%)

 - Dysurie/Rétention

 - Retrait du matériel

T.O.T (OBTURATRICE)



▶ (+) Efficacité

Peu de risque de perforation

Peu de dysurie

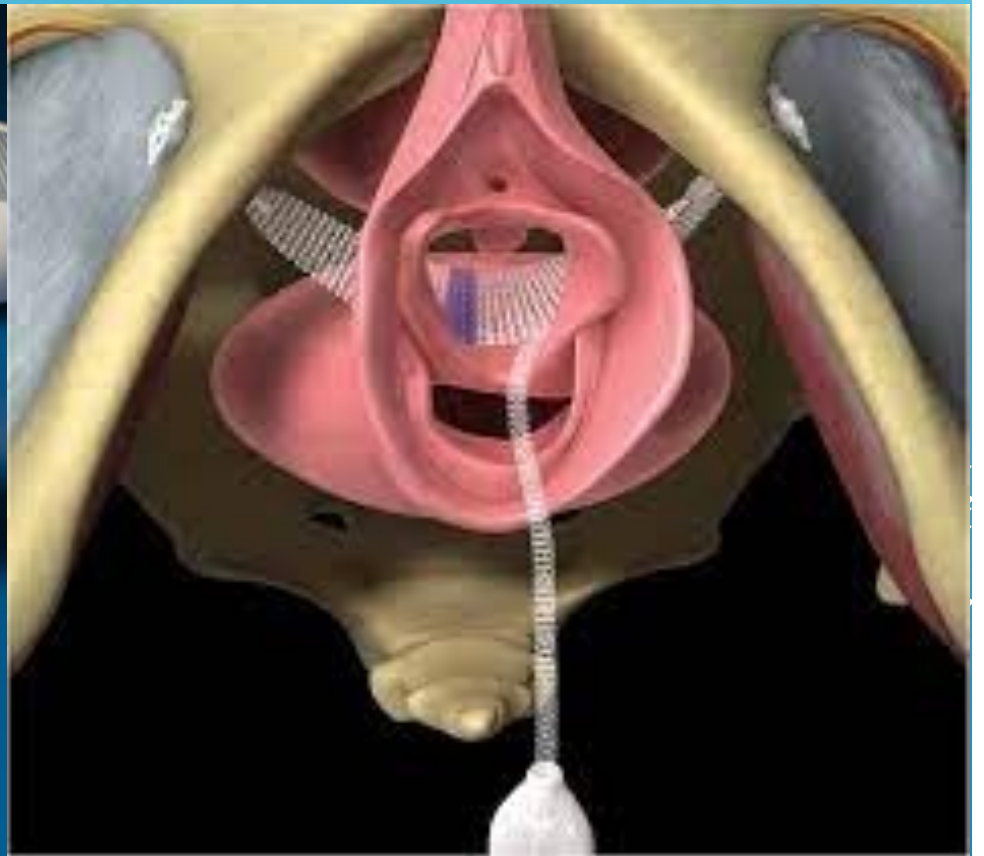
Ambulatoire

Long terme

▶ (-) Douleurs (19% en PO immédiat)

Retrait du matériel

MINI-BANDELETTE



▶ (+) Efficacité (variabilité aléatoire)

Peu de risque de perforation

Peu de dysurie

Peu de douleurs

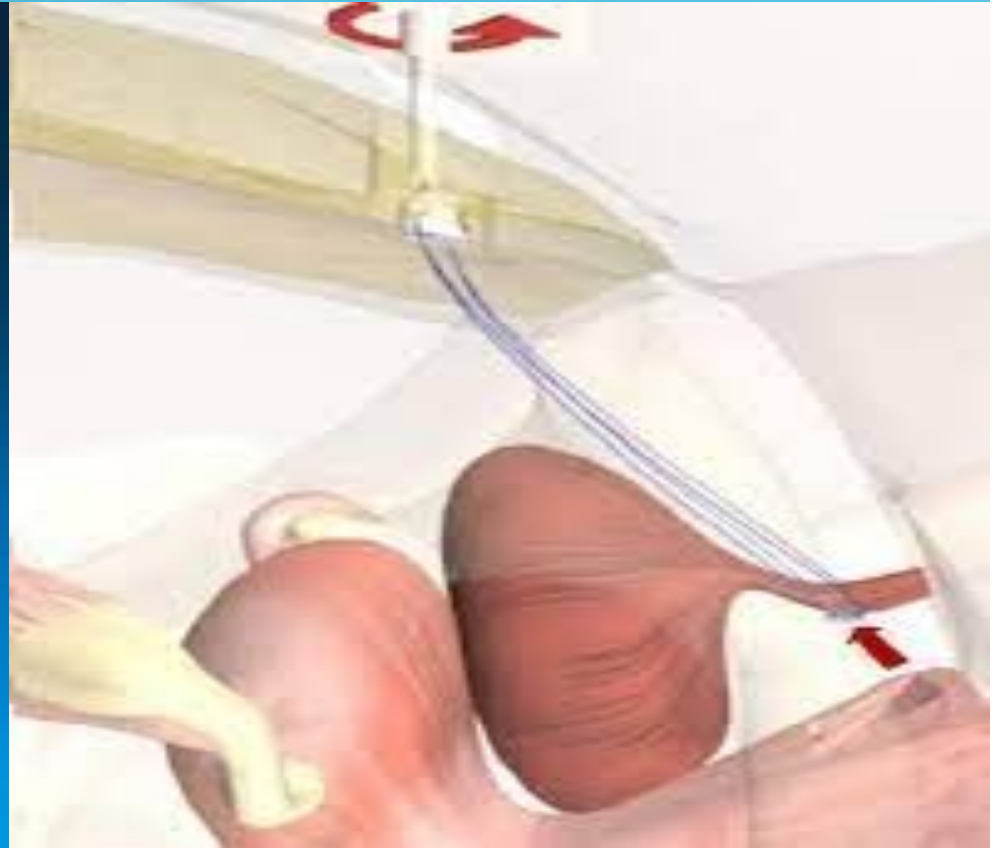
Ambulatoire

Retrait du matériel

▶ (-) Long terme



BANDELETTE REGLABLE



- ▶ (+) Efficacité (réglage, surtout sur urètre fixe et IS)

- Peu de dysurie

- Peu de douleurs

- Long terme

- Retrait du matériel

- ▶ (-) Perforation vésicale/digestive

- Coût

- Infection du boîtier de réglage

Epub 2016 Aug 26.

Are patients willing to trade cure rate against less pain? Patients' preferences for single incision midurethral sling or transobturator standard midurethral sling

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Affiliations + expand

PMID: 27564322 DOI: 10.1002/nau.23093

Abstract

Aims: To quantify to what extent patients are willing to trade their chance of cure of stress urinary incontinence (SUI) against less postoperative groin pain. Randomized, controlled trials show less postoperative pain following single-incision mini-sling (SIMS), but slightly higher cure rates following a transobturator standard midurethral sling (SMUS).

Methods: A multi-center, interview-based trade-off experiment for treatment preference among 100 women with predominant SUI and undergoing SIMS. A hypothetical cure rate of SIMS was systematically varied from 10% to 70%, while keeping the cure rate of SMUS constant at 70%. The trade-off was assessed for two hypothetical durations of substantial postoperative pain after SMUS-2 days or 2 weeks-while simultaneously assuming the absence of substantial postoperative pain after SIMS.

Results: To prevent 2 days of substantial postoperative pain with SMUS, patients were willing to accept a 4.3% mean decrease in cure rate of SIMS, while a 7.1% mean decrease was acceptable to forego 2 weeks of substantial pain. Younger women ($P = 0.04$) and single women ($P = 0.04$) were associated with the trade-off limit for 2 days, respectively, 2 weeks of substantial postoperative pain. Single women were willing to accept lower cure rates. No correlations with trade-off limits were found for patients' actual severity, duration, and frequency of SUI.

Conclusions: Patients are willing to accept a slightly lower probability of cure to prevent substantial post-operative pain by undergoing a less invasive procedure. These results are relevant for counselling of patients indicated for SUI surgery.

Surgeon's experience and clinical outcome after retropubic tension-free vaginal tape—A case series

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PMID: 32104906 DOI: 10.1111/aogs.13830

Free article

Abstract

Introduction: The retropubic tension-free vaginal tape procedure has been the preferred method for primary surgical treatment of stress and stress-dominant mixed urinary incontinence in women for more than 20 years. In this study, we assessed associations between surgeon's experience with the primary tension-free vaginal tape procedure and both perioperative complications and recurrence rates.

Material and methods: Using a consecutive case-series design, we assessed 596 patients treated with primary retropubic tension-free vaginal tape surgery performed by 18 surgeons from 1998 through 2012, with follow up through 2015 (maximum follow-up time: 10 years per patient). Data on perioperative complications and recurrence of stress urinary incontinence from medical records was transferred to a case report form. Surgeon's experience with the tension-free vaginal tape procedure was defined as number of such procedures performed as lead surgeon (1-19 ["beginners"], 20-49 and ≥ 50 procedures). All analyses were done with a 5% level of statistical significance. We applied the Chi-square test in the assessment of perioperative complications. The regression analyses of recurrence rate by number of tension-free vaginal tape procedures performed were restricted to the three surgeons who performed ≥ 50 procedures.

Results: We found a significantly higher rate of bladder perforations ($P = .03$) and a higher rate of urinary retentions among patients whose tension-free vaginal tape procedures were performed by "beginners" ($P = .06$). We observed a significant reduction in recurrence rates with increasing number of tension-free vaginal tape procedures for one surgeon ($P = .03$).

Conclusions: Surgeon's experience with the tension-free vaginal tape procedure is associated with the risk of bladder perforation and urinary retention, and may be associated with the long-term effectiveness of the procedure.

Keywords: complications; long-term results; mixed urinary incontinence; stress urinary incontinence; surgeon's experience; tension-free vaginal tape.

Long-term Risk of Reoperation After Synthetic Mesh Midurethral Sling Surgery for Stress Urinary Incontinence

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Affiliations + expand

PMID: 31599825 DOI: 10.1097/AOG.0000000000003526

Abstract

Objective: To measure the long-term reoperation risk after synthetic mesh midurethral sling surgery.

Methods: This retrospective cohort study evaluated all patients who underwent a midurethral sling surgery for stress urinary incontinence (SUI) (2005-2016) within a large managed care organization of 4.5 million members. We queried the system-wide medical record for Current Procedural Terminology and International Classification of Diseases, 9 or 10 Revision codes for patient data, and implant registry coding to assess the sling type. The primary outcome was the overall reoperation rate after midurethral sling, with secondary outcomes being reoperation for mesh revision, or removal and recurrent SUI. We used cumulative incidence to calculate reoperation risk as a function of time at least 1 year, least 5 years, and at least 9 years. We compared demographics, characteristics, and reoperation of patients using χ and Wilcoxon rank sum, and we used a Cox proportional hazards model to calculate adjusted hazard ratios.

Results: In this cohort of 17,030 patients treated with primary midurethral slings, the overall reoperation rate was 2.1% (95% CI 1.9-2.4%) at 1 year, 4.5% (95% CI 4.1-4.8%) at 5 years, and 6.0% (95% CI 5.5-6.5%) at 9 years. Risk of reoperation was affected by race ($P=.04$), with Asian or Pacific Islander patients having a lower reoperation rate when compared with white patients. Reoperation rate for mesh revision or removal was 0.7% (95% CI 0.6-0.8%) at 1 year, 1.0% (95% CI 0.8-1.1%) at 5 years, and 1.1% (95% CI 0.9-1.3%) at 9 years. Reoperation for recurrent SUI was 1.6% (95% CI 1.4-1.8%) at 1 year, 3.9% (95% CI 3.5-4.2%) at 5 years, and 5.2% (95% CI 4.7-5.7%) at 9 years. Risk of reoperation for recurrent SUI was affected by the type of sling, with reoperation more common after single-incision compared with retropubic sling (adjusted hazard ratio 1.5 [95% CI 1.06-2.11] $P=.03$).

Conclusion: Midurethral slings have a low long-term risk of reoperation for mesh revision or removal, and recurrent SUI, adding to the evidence of their safety and efficacy for the treatment of women with SUI.

- ▶ Technique de REFERENCE (équilibre efficacité – durée de vie)
- ▶ Efficacité-complications liées à l'expérience de l'opérateur : **FORMATION !!!**
- ▶ Conformité aux exigences légales (consentement, délai de réflexion, RCP)

CONCLUSION

