

Mini-sling: ainda há espaço para sua indicação?

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1913 plicatura de Kelly

1942 sling pubovaginal

1949 Marshall-Marchetti-Kantz

1959 suspensão de Pereyra

1961 colposuspensão de Burch

1978 sling fascial

1996 sling TVT

2001 sling TOT

2006 mini-slings



Mini-sling (slings de incisão única):

- 2006, menos invasivo que slings sintéticos de uretra média tradicionais: retropúbico e transobturatório
- Passagem somente na incisão vaginal
- Mais curtos que slings tradicionais (8 cm vs 40 cm)
- Diferem com relação ao tecido ancoragem:
 - A. músculo obturador interno
 - B. diafragma urogenital

Indicações

Incontinência Urinária de Esforço

1. Anestesia local: contra-indicação para anestesia regional ou geral
2. Aderências no espaço retropúbico
3. Obesidade

Cardozo, I; Stanski D: **Textbook of Female Urology and Urogynecology**, 2017
Walters D. Mark, Karram M M: Uroginecologia e Cirurgia Reconstructiva Pélvica , 4ª ed, 2016

- Solyx SIS system (Boston Scientific Corp.)



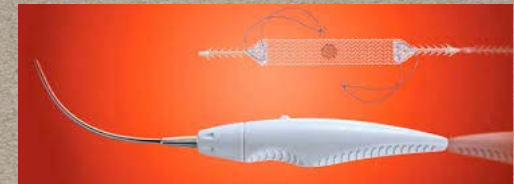
- MiniArc single-incision (AMS)

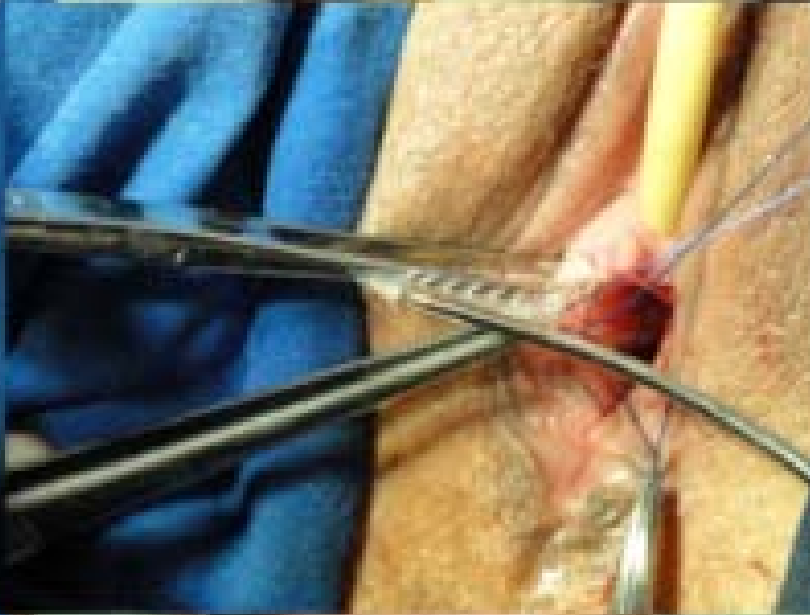


- Altis SIS (Colpoplast)



- Ophira Mini Sling System (Promedom)





Mini-slings vs SUM

- 1) menor lesão tecidual
- 2) menor risco de lesão vesical
- 3) menor risco de retenção pós-operatória
- 4) menor risco de bexiga hiperativa *de novo* vs sling TVT

Taxa de sucesso de 74 - 95 % em 6-12 meses.

Mini-slings vs SUM

UpToDate recomendação

Falta de evidências: preferência aos sling TVT ou TOT

UpToDate: **Surgical management of stress urinary incontinence in women: Choosing a type of midurethral sling, 2018**

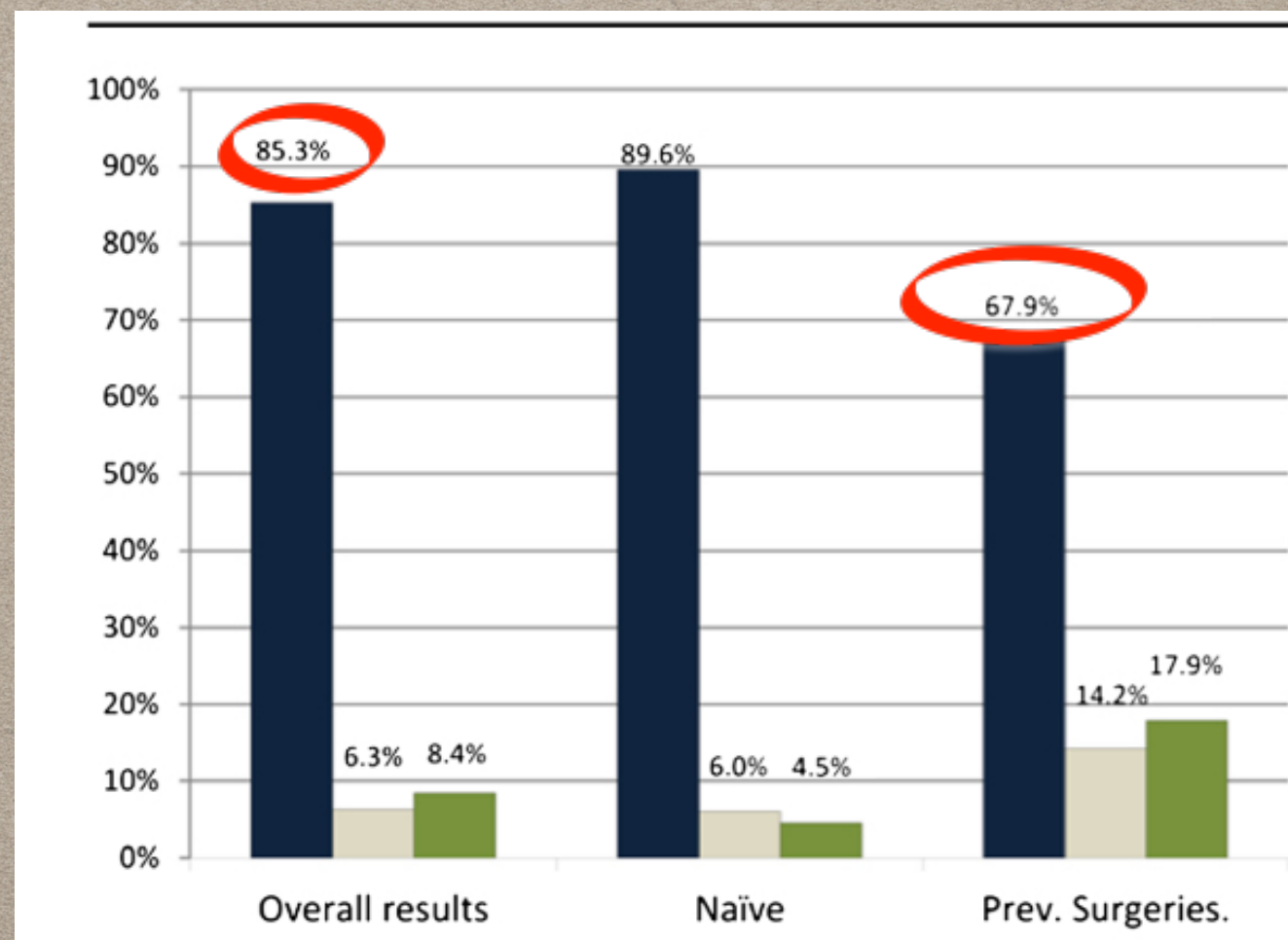
ORIGINAL ARTICLE

What is the best indication for single-incision Ophira Mini Sling? Insights from a 2-year follow-up international multicentric study

- 85,3 % continentes
- 6,3 % melhora
- 8,4 % incontinentes
- Falha: Cirurgia prévia para incontinência urinária OR 4.0 (IC 95 %, 1.02 - 15.57)

Factor	N _{failed} /N _{factor} (%)	Univariate analysis		Multivariate analysis	
		OR (95 % CI)	P value	OR (95 % CI)	P value
Previous surgery	5/28 (17.9)	4.00 (1.02–15.57)	0.032*	7.7 (1.1–53.6)	0.04*
Age ≥60 years	3/31 (9.7)	1.26 (0.32–4.85)	0.759		
VLPP <60 cmH ₂ O	4/30 (13.3)	4.31 (0.74–25.04)	0.081		
BMI ≥30 kg/m ²	4/25 (16.0)	2.81 (0.64–12.25)	0.156		
Mixed incontinence	2/29 (6.9)	0.74 (0.14–3.91)	0.723		
Menopause	6/53 (10.2)	1.83 (0.35–9.62)	0.468		
Parity ≥3	3/47 (6.4)	0.56 (0.13–2.49)	0.440		

What is the best indication for single-incision Ophira Mini Sling? Insights from a 2-year follow-up international multicentric study



Palma P, Riccetto C, Bronzatto E et al. **What is the best indication for sling-incision Ophira Mini Sling? Insights from a 2-year follow-up international multi centric study.** Int. Urogynecol J 2014.25:637-643

UROGYNECOLOGY

**Sling surgery for stress urinary incontinence in women:
a systematic review and metaanalysis**

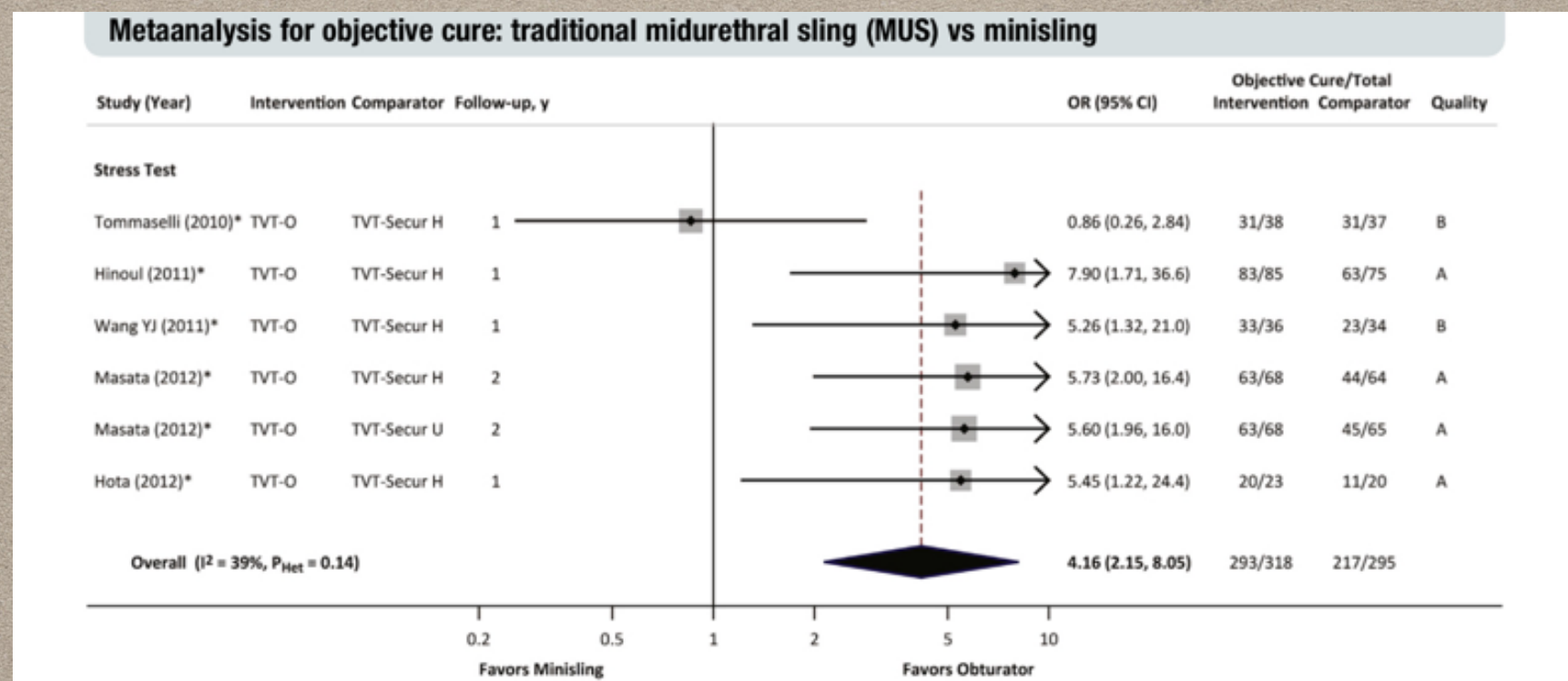
Mini-sling vs tradicional slings

- recomendação: utilizar sling tradicional (1A)
- dispareunia mais comum com mini-sling (1D)
- bexiga hiperativa *de novo* maior no grupo TVT
- dor maior no grupo TOT

Schimpft MO, Rahn DD, Wheeler TL et al. **Sling Surgery for stress urinary incontinence in women: a systematic review and metaanalysis.** Am J Obstet Gynecol 2014; 211: 71.e1- 27

UROGYNECOLOGY

Sling surgery for stress urinary incontinence in women: a systematic review and metaanalysis



taxa de cura objetiva OR 4,16 (IC 95 %, 2,15— 8,05)

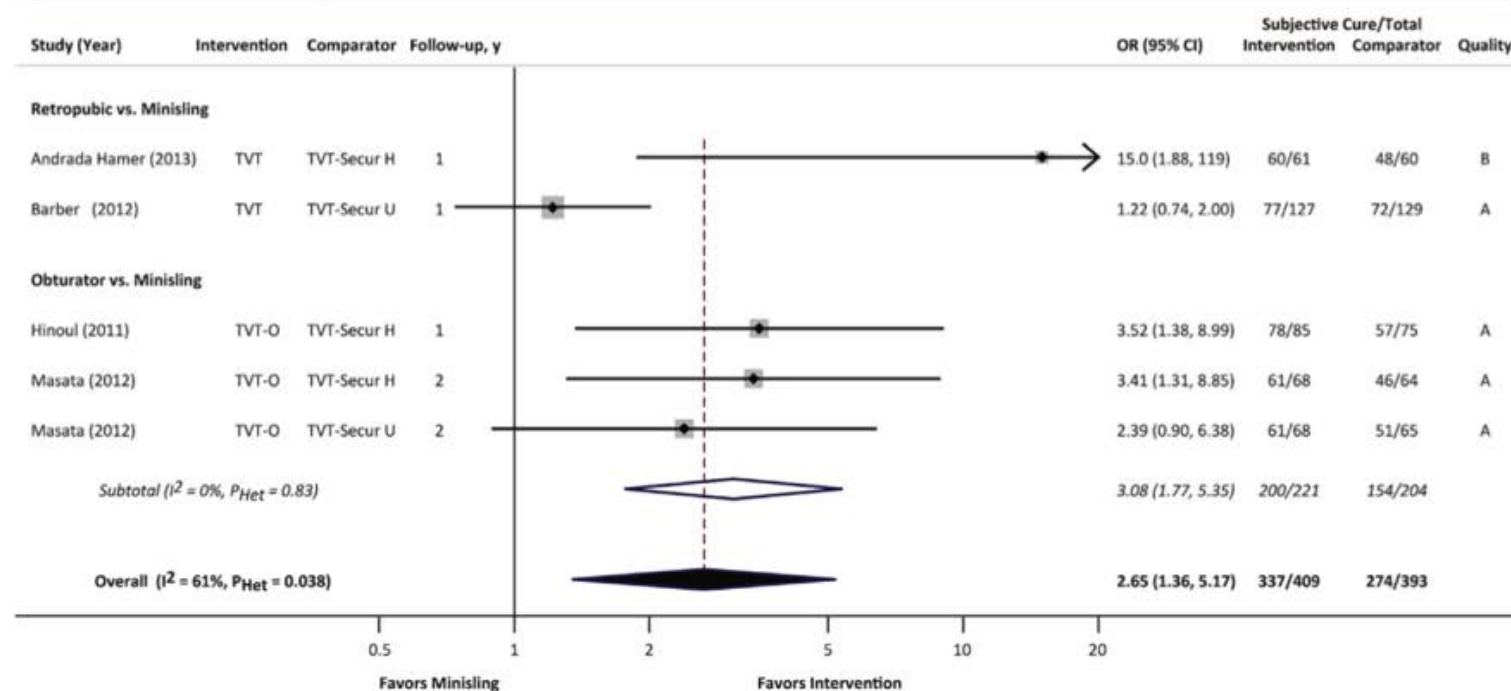
Schimpft MO, Rahn DD, Wheeler TL et al. **Sling Surgery for stress urinary incontinence in women: a systematic review and metaanalysis.** Am J Obstet Gynecol 2014; 211: 71.e1- 27

UROGYNECOLOGY

Sling surgery for stress urinary incontinence in women: a systematic review and metaanalysis

FIGURE 9

Metaanalysis for subjective cure: traditional midurethral sling vs minisling



Taxa de cura subjetiva OR 2.65 (IC 95 %, 1,63 — 5,17)

Schimpft MO, Rahn DD, Wheeler TL et al. **Sling Surgery for stress urinary incontinence in women: a systematic review and metaanalysis.** Am J Obstet Gynecol 2014; 211: 71.e- 27

RESEARCH ARTICLE

Open Access



Adjustable single-incision mini-slings (Ajust®) versus other slings in surgical management of female stress urinary incontinence: a meta-analysis of effectiveness and complications

Fuding Bai, Jimin Chen, Zhewei Zhang, Yichun Zheng, Jiaming Wen, Xiawa Mao and Nan Zhang*

- taxa de cura objetiva semelhante OR 1.01 (IC 95 % 0.97 - 1.06 P=0.94)
- taxa de cura subjetiva semelhante OR 1.02 (IC 95 % 0.97 - 1.07 P= 0.95)

Bali F, Chen J, Zhang Z et al. **Adjustable single-incision mini-slings versus others slings in surgical management of female stress urinary incontinence: a meta-analysis of effectiveness and complication**
BMC urology 2018.18:44

ORIGINAL ARTICLE

A randomized, nonblinded extension study of single-incision versus transobturator midurethral sling in women with stress urinary incontinence

Estudo randomizado:

- Após 36 meses:
- Taxa de cura objetiva: 89 % mini-sling vs 88 % TOT (OR 1.3 %, IC 95 % - 9 a 11 %)
- Taxa de cura subjetiva: 86 % mini-sling vs 87 % TOT (OR -0.6 %, IC 95 % - 12 a 11 %)

Single-incision sling operations for urinary incontinence in women (Review)

Nambiar A, Cody JD, Jeffery ST, Aluko P

Mini-sling vs TVT:

- 2 x mais chance de incontinência *de novo*: OR 2.08 (IC 95 % 1.04 - 4.14)

Mini-sling vs TOT:

- 2 x mais chance de incontinência *de novo*: OR 1.91 (IC 95 % 1.53 - 2.39)

Conclusão:

Mini-sling:

contra-indicado

1. cirurgia prévia para incontinência urinária
2. deficiência esfinteriana intrínseca
3. primeira opção tratamento cirúrgico de IUE ?

Ainda há espaço para indicação do mini-sling?

Sim

Contra-indicação para anestesia regional ou geral



Obrigado

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