

# OP2

## LONG-TERM SUBJECTIVE PATIENT OUTCOMES AND SATISFACTION WITH AUTOLOGOUS FASCIAL SLING (AFS) FOR STRESS URINARY INCONTINENCE (SUI) AT A SINGLE TERTIARY CENTRE

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### Introduction

AFS is a NICE recommended SUI procedure which has gained popularity due to the mesh pause. There are, however, limited studies that assess long-term patient subjective outcomes following AFS.

### Methods

A telephone survey using short self-designed questionnaires was carried out to investigate long-term subjective outcomes of patients who underwent AFS between 2013 to 2021. The study was registered with the Trust's Audit department and outcomes were recorded in Microsoft Excel.

### Results

140 patients had AFS during the study period, 8 were deceased, 132 were invited and 48 patients consented to participate. 40 patients completed the questionnaire (12/12/2023 to 12/01/2024).

All patients had AFS as a secondary SUI procedure. 82% of patient postoperatively and 60% at the time of completing this questionnaire (mean 5.87 years postoperative) report cure or significant SUI symptom improvement. Of those with initial success, 15% report SUI recurrence within a year. However, 50% of patients with recurrent SUI are receiving treatment for OAB. Only one patient has had further surgical intervention in the form of urethral bulking and one patient opted for a further course of physiotherapy.

70% required clean intermittent self-catheterisation (CISC) Immediately postoperatively, 42% <3 months and 17% upto one year. 25% patients were currently doing CISC, however, 60% of these patients are receiving intravesical Botox for OAB. Two patients had postoperative wound /scar hernia (5%).

73% patients report that they would recommend this procedure to a friend.

### Conclusion:

AFS has a high success in SUI symptom improvement with high satisfaction rate. This however, is a small single centre study. Looking at subjective outcomes which is more relevant but sometimes difficult to separate SUI symptoms to OAB. Future research to investigate medium to long-term outcomes on a larger scale is needed to better inform our practice and counselling of patients.