

Long-term Outcomes of Patients Following Rectus Fascial Bladder Neck Wrap

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INTRODUCTION

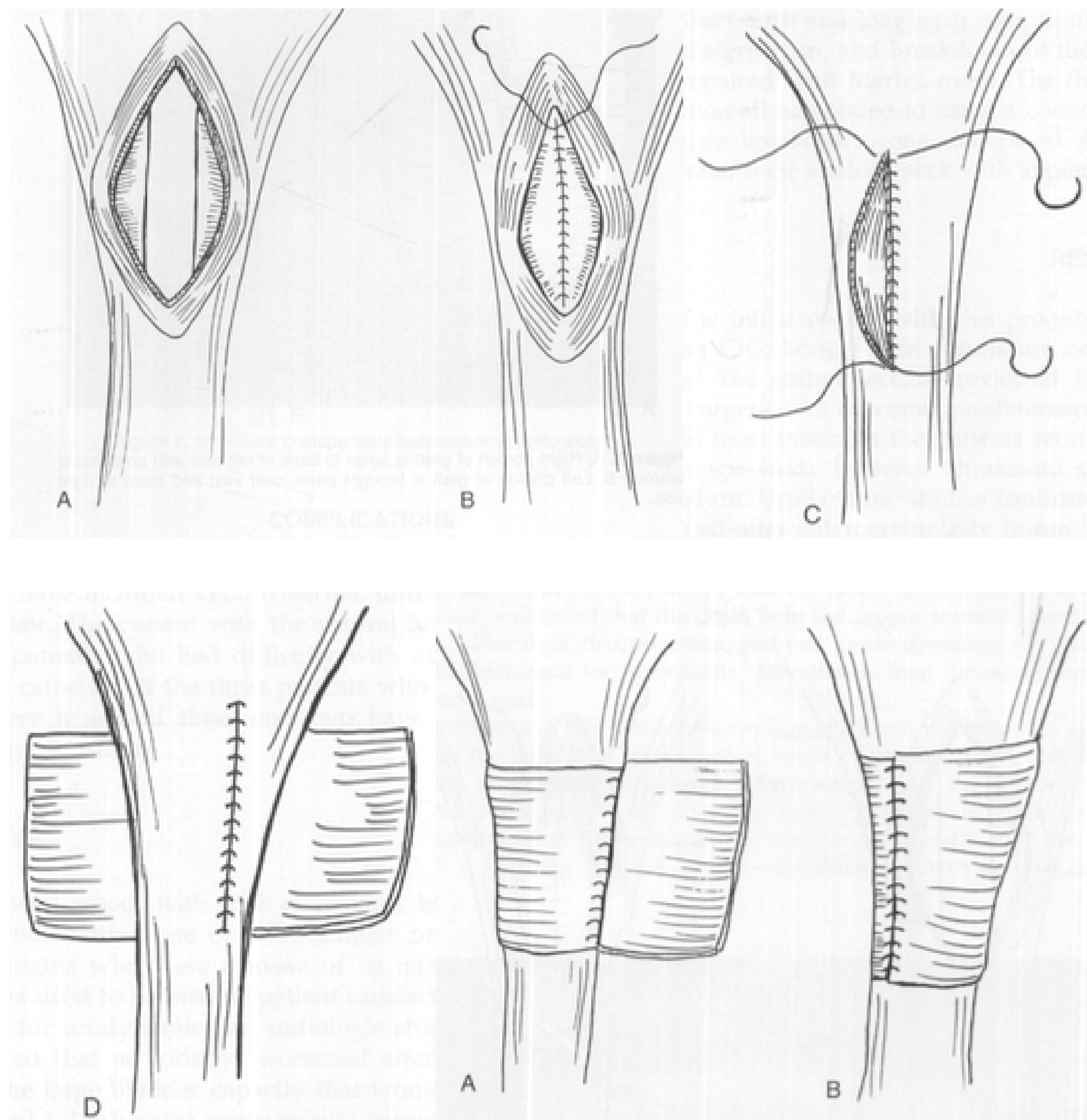
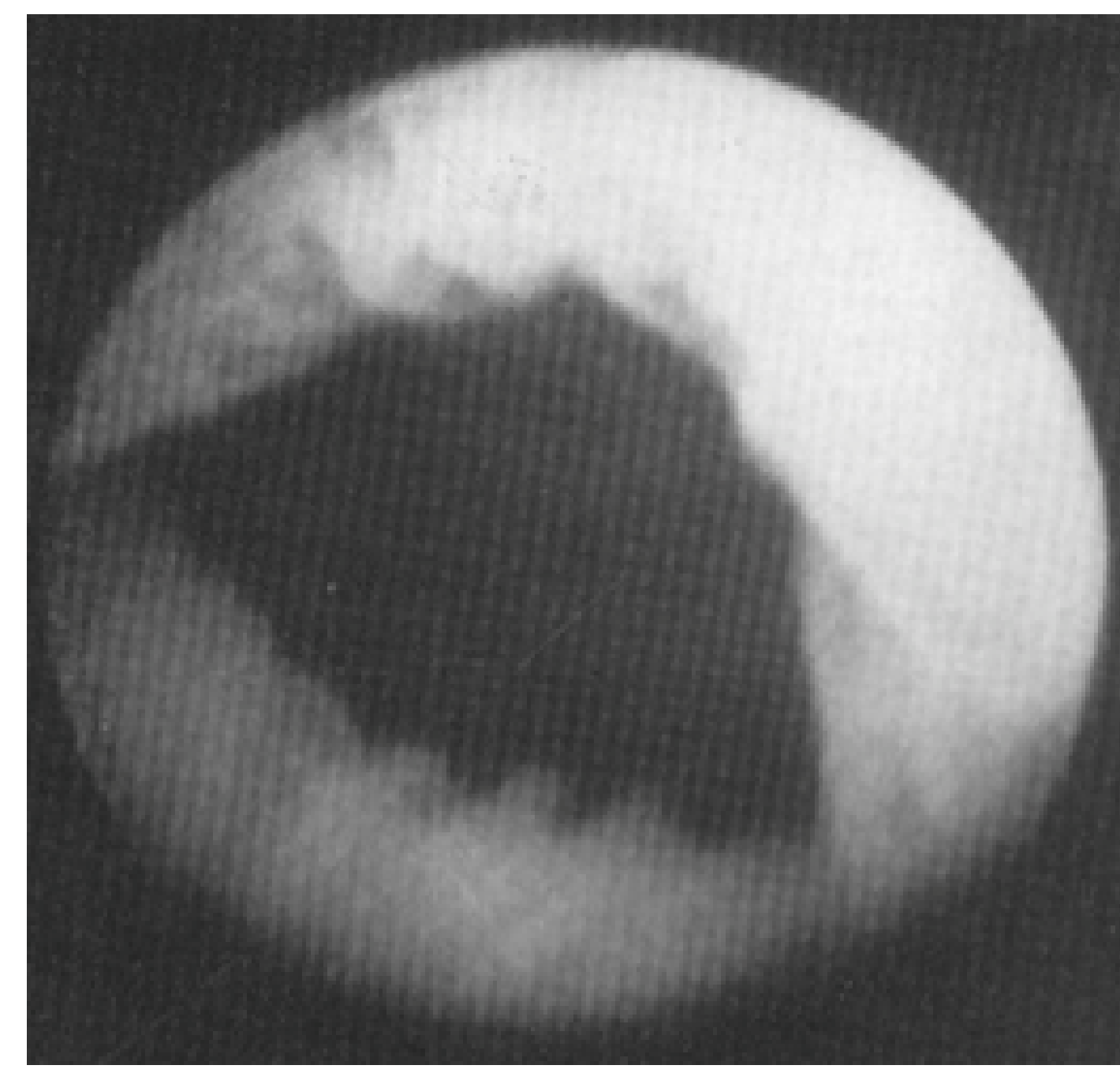
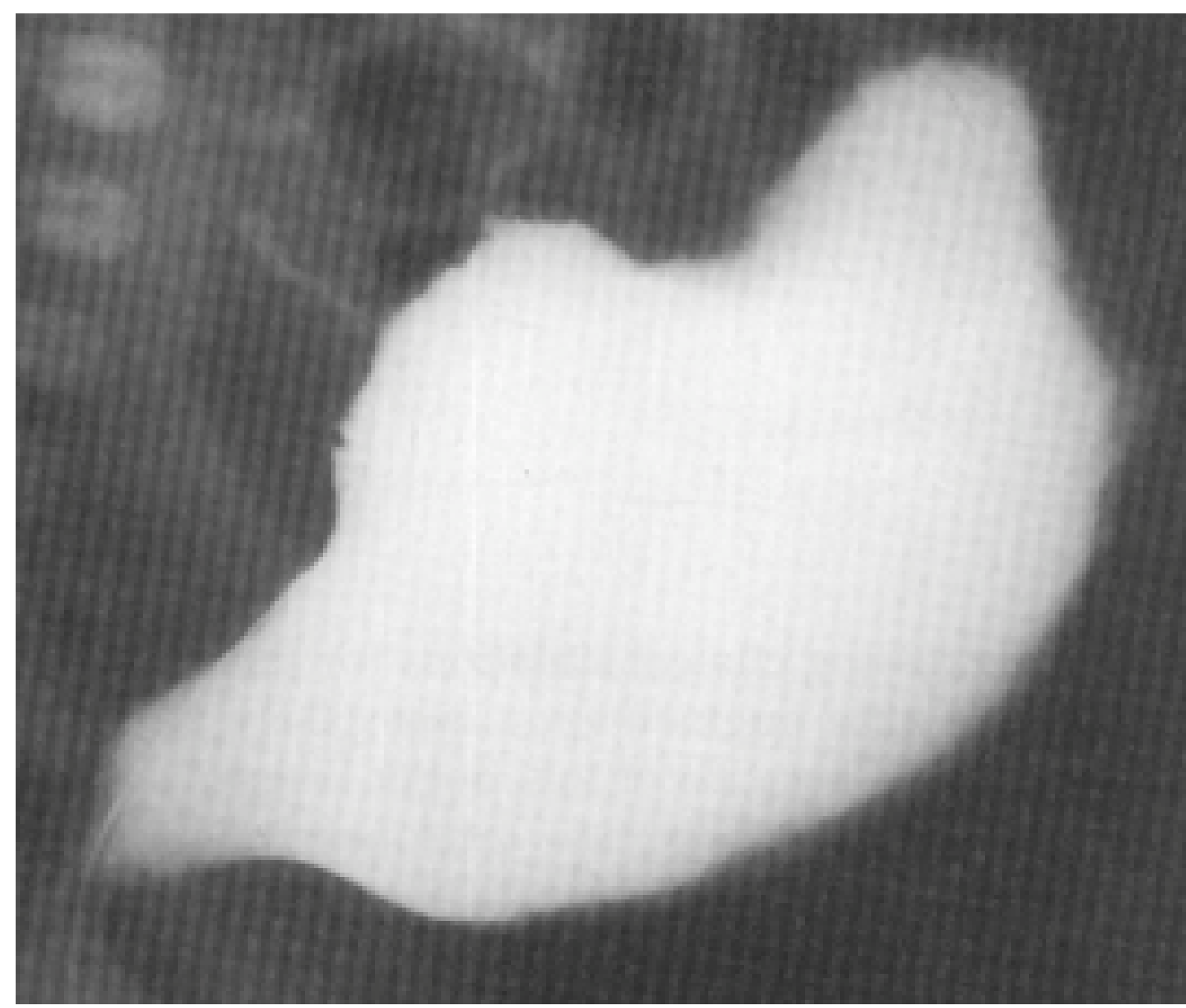
- The rectus fascial bladder neck wrap was a novel technique described by Dr. Dixon Walker approximately 30 years ago to provide 360 degrees of compression at the bladder neck while still allowing for catheterization.
- Early results were promising and prompted long-term and historic evaluation of this procedure.

OBJECTIVE

- To evaluate long-term outcomes of patients who underwent rectus fascial bladder neck wrap for management of refractory urinary incontinence.

METHODS

- We performed a retrospective analysis of patients at our institution who had undergone a rectus fascial bladder neck wrap.
- Patients with refractory urinary incontinence who had a Valsalva leak point pressure of <40 cm of water on urodynamics or open bladder neck on cystography or cystoscopy were candidates for this surgery.
- To be included in our study, patients must have had at least one year of post-operative follow-up.

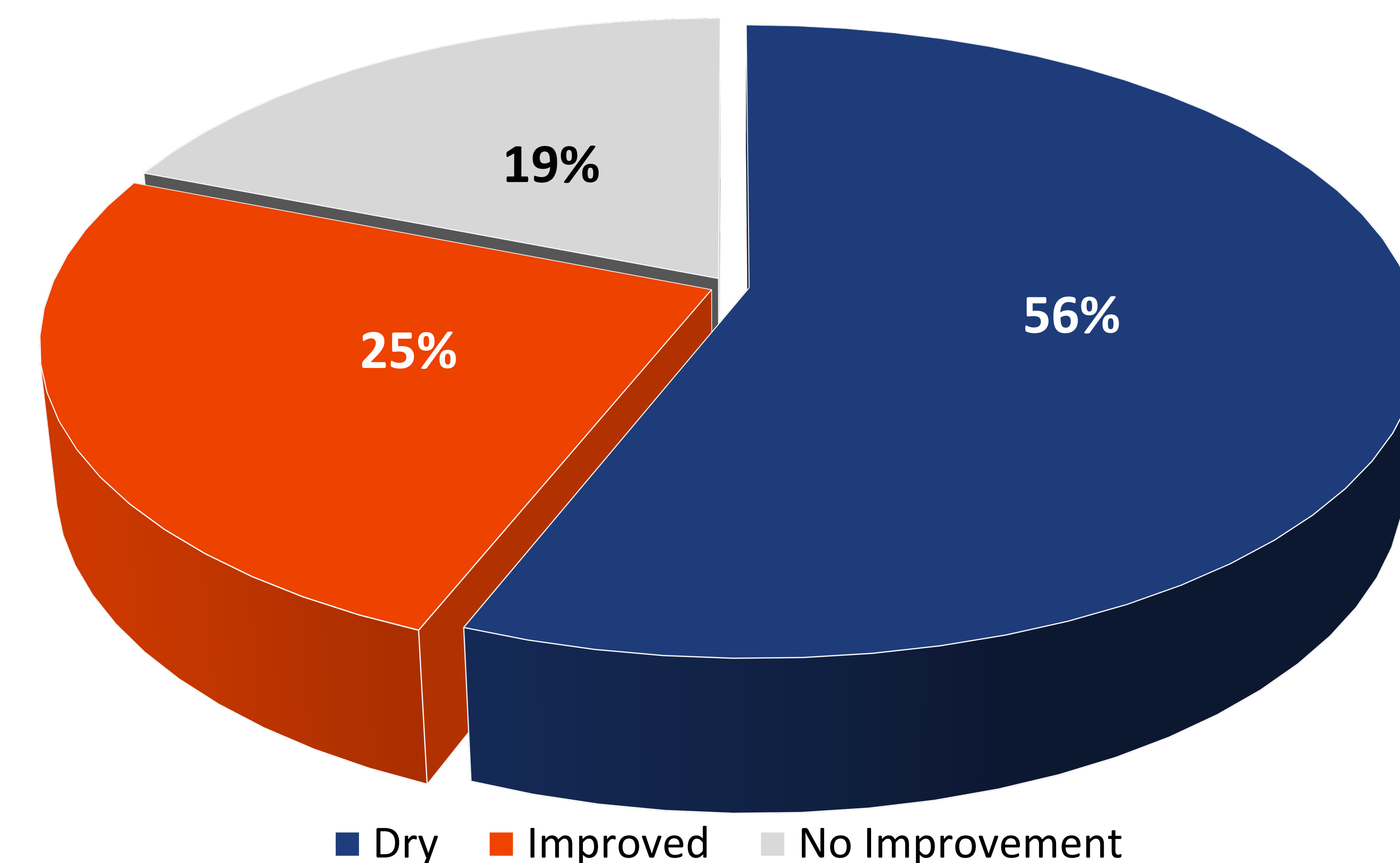


RESULTS

- Total of 16 patients (9 female and 7 male) with an average age of 11.4 years at time of surgery were included.
 - 15 with Spina Bifida, 1 with Williams-Beuren syndrome.
- Concomitant procedures included bladder augmentation in 13 and catheterizable channel creation in 4 patients.
- All patients performed catheterization following surgery.

- Average length of follow-up was 9.8 years.
- At last follow-up 9 patients (56%) were dry (no pads).
 - Two patients required secondary procedures (collagen injection and repeat bladder neck surgery) to become continent.
- Four (25%) had improved continence.
- Three (19%) had no improvement.

Continence After Bladder Neck Wrap



CONCLUSIONS

- The rectus fascial bladder neck wrap was a novel technique described approximately 30 years ago which provided 360 degrees of bladder outlet compression.
- This procedure is safe and durable and has provided good long-term continence results.
- Modifications of this technique have led to greater rates of continence in children with low bladder outlet resistance.