Clinical Images of Laparoscopic Burch Colposuspension

Chinthakanan O, Miklos JR and Moore RD* 
International Urogynecology Associates, USA

*Corresponding author: Moore RD, International Urogynecology Associates, Atlanta & Beverly Hills, 3400 Old Milton Pkwy, Building C, Suite 330 Alpharetta, GA 30005, USA, Tel: 770-475-4499; Fax: 770-475-0875; Email: moore33@hotmail.com

Received: May 27, 2014; Accepted: August 19, 2014; Published: August 22, 2014

Surgical treatment is the standard approach for women with stress urinary incontinence (SUI). There are hundreds of surgical techniques reported in the literatures. Burch colposuspension, first described in 1961 [1], is one of the gold standards of the treatment of SUI that has shown efficacy over long-term follow-up. Five year cure rates of 82%, 8-year rates of 90% and 10-year rates of 55–69% have all been reported [2]. Laparoscopic Burch colposuspension (Figure 1) was introduced in 1991 [3]. From a recent Cochrane review, cure rates between open and laparoscopic approach did not show significant differences for medium and long-term follow-up [4]. The advantages of laparoscopic approach were decreased blood loss, shortened hospitalization, and decreased postoperative pain and recovery time [5]. From the Colpopexy and Urinary Reduction Efforts (CARE) trial, prophylactic Burch colposuspension at the time of sacral colpopexy had protective effect for SUI in continent patients at 3 months and 2 year follow-up period [6,7]. However, prophylactic Burch colposuspension at the time of vaginal sacral colpopexy has not been uniformly implemented into clinical practice since the publication of CARE trial [8]. According to the stress incontinence surgical treatment efficacy (SISTEr) trial, the autologous suburethral sling has higher cure rate at 2 years follow-up compared to Burch colposuspension, however, sling has higher rates of urinary tract infection, urge incontinence, voiding dysfunction, and the need for surgical revision to improve voiding [9]. A systematic review and meta-analysis demonstrated that suburethral sling has higher cure rate and higher risk of intra-operative complications compared to Burch colpopexy [10].

Synthetic mesh slings, i.e. retropubic and transobturator, have become the new gold standard secondary to the safety and ease of use. However, they also have been associated with complications such as urinary tract injury, voiding dysfunction, pain, dyspareunia, erosion, and surgical failure that required secondary surgical treatment [11]. Complications of mesh use in pelvic surgery in the US have led to highly publicized legal trials and this has resulted in many women avoiding treatment altogether as they feel there is no other option except synthetic mesh. To avoid these complications and their medicolegal implications, Burch colposuspension is currently being undergone a resurgence as a surgical of choice for both primary and secondary (after failed suburethral sling treatment) surgical management for female SUI. In one study, laparoscopic Burch colposuspension after failed suburethral sling had 54% objective and 93% subjective cure rates with low complication rates [12].

Figure 1: Laparoscopic Burch Colposuspension.
References


