

# **Anatomic comparison between laparoscopic and open Burch colposuspension for primary stress urinary incontine**

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摘要

## **Abstract**

**OBJECTIVES:** To examine the anatomic results after laparoscopic and open Burch colposuspension for primary stress urinary incontinence. **METHODS:** A cohort study was conducted of patients treated during a 7-year period, predominantly with an open Burch procedure for the first 2.5 years and laparoscopy thereafter. The actual suspension technique, including placement of sutures and the degree of tension for suspension of the bladder neck, was the same in both the laparoscopic and the open Burch colposuspension procedures. Ultrasound cystourethrography was used to assess the preoperative and postoperative bladder neck positions. **RESULTS:** A total of 157 patients were identified and constituted the study groups: 75 who had undergone laparotomy (open group) and 82 who had undergone laparoscopy (laparoscopic group). No statistically significant differences were present in demographics, preoperative anatomic position, or urodynamic findings between the two groups. The laparoscopic group required significantly more posterior colporrhaphy procedures than did the open group ( $P < 0.001$ ). The subjective success rate at 1 year of follow-up for the laparoscopic and open groups was 89% and 84%, respectively. No statistically significant differences were found between the two groups in the resting and straining bladder neck positions or in urethral mobility at 1, 3, 6, and 12 months after the Burch operation. In both groups, a trend was noted that the urethrovesical support decreased with time. **CONCLUSIONS:** The results of our study showed that, as long as an identical technique is used for suspension of the urethrovesical junction in Burch colposuspension, the clinical results with either an open or a laparoscopic approach are essentially the same.