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**The outpatient Closed Burch-M.M. procedure for treatment of genuine stress urinary incontinence with no laparotomy or laparoscopy by newly invented bladder saver device.**

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Objective: To identify a more effective, less invasive surgical technique and tool for treatment of genuine stress urinary incontinence. The new outpatient procedure is one of the most effective ways to treat the patient without sacrificing safety and outcome. Method: The Closed Burch Procedure is a retropubic, trocar and ligature carrier suspension by newly invented bladder saver device that is a major solution to the problem of female genuine stress incontinence. As originally described by Dr. John C. Burch in 1961, the operation entails use of the vaginal wall as an endogenous suburethral sling. The vagina is elevated bilaterally at the urethrovesical junction, thus repositioning the proximal urethra within the abdominal cavity toward Cooper ligament by permanent sutures. Result: After confirmation of diagnosis, 11 patients underwent the new outpatient procedure. The new approach showed no failure of technique or any major complications. It also showed no postoperative urinary retention, no recurrence of stress urinary incontinence up to this time, no wound infection, no hematoma, no rejection of sutures, no nerve damage, no osteitis, and no vaginal enervation. Conclusion: The new outpatient Closed Burch technique is an effective treatment for genuine stress incontinence. The procedure is outpatient with logical anatomical restoration. It is fast and can be done under local anesthesia for some patients. Complications are minimum to none. There is no urinary retention, no self-catheterization, and no major or expensive system needed. The procedure has shown very impressive results.

PMID: 10838379 [PubMed - as supplied by publisher]