Research studies at AUGM

"TVT-Secur in office sling procedure under local anesthesia: a prospective two year analysis" Khandwala S. -Female Pelvic Medicine & Reconstructive Surgery May 2012.

This study was conducted in an office setting entirely under local anesthesia in awake patients undergoing the sling procedure for urinary incontinence. The results were excellent and a complex subjective and objective score was assessed. Complications were minimal.


This paper evaluated patients who underwent a minimally invasive sling procedure for urinary stress incontinence. Patients who had the sling procedure showed significant improvement in their symptoms and also noticed improvement in urge incontinence.


This paper assessed the role of a special type of vaginal mesh -- partially absorbable-- for the management of uterovaginal prolapse. This was an international Clinical Trial with Investigators from the United States, United Kingdom, Germany and Italy.


This is a worldwide record of the different type of slings done for the management of stress urinary incontinence. the paper shows that the third generation slings pose the least problems and have satisfactory success.


This paper follows patients for at least 2 years after undergoing a prolapse surgery. The success rate was very good with minimal complications.

This paper explores a newer mesh technique called the Prosima. The major advantage is the ease of placement of the mesh with good results. This was an International study.

Clinical outcomes of an observational registry utilizing a trocar-guided mesh repair of vaginal prolapse using partially absorbable mesh
Khandwala, S., Lucente, V., Van Drie, D., Gauld, J., Hinoul, P. - Female Pelvic Medicine & Reconstructive Surgery - September/October 2011; 17(5) Supplement 2

This paper reviewed the initial analysis of vaginal reconstruction surgery with the Prolift + M system. The results are very encouraging and complications are limited.


Transvaginal Mesh surgery for Pelvic Organ Prolapse Prolift + M: A prospective Clinical trial
Khandwala S, Jayachandran C: Int Urogynecol J Pelvic Floor Dysfunct October 2011 1482-4

This was a 6 month prospective analysis of the Prolift + M system for the management of prolapse. There were minimal complications and the success was very high.

Investigator: Trocar guided mesh repair for vaginal prolapse using partially absorbable mesh: 1 year outcomes


This is a 1 year postoperative follow up in patients who had the Prosima procedure. The results showed significant improvement in the prolapse and also minimal complications. The incidence of mesh exposures were low.

This paper assessed the worldwide results of the mini sling procedure. The results showed significant improvement following the sling procedure with minimal complications.


National Institute of Health (NIH) Clinical studies performed at AUGM


"Urinary Incontinence Treatment Network"-MIMOSA study- NIH-sponsored multicentric randomized clinical trial to compare medication and behavioral therapy versus surgery for mixed urinary incontinence
This study aimed to assess the impact of pelvic floor therapy versus medications on the management of overactive bladder conditions

- BE-DRI (Behavior Enhances Drug Reduction of Incontinence) This study investigated if the addition of behavioral treatment to drug therapy for the treatment of urge incontinence makes it possible to discontinue the drug and still maintain a reduced number of accidents.


- ValUE study
The ValUE Study is designed to determine the appropriate amount of pre-surgical urinary testing that is necessary for a patient.


TOMUS (Trial Of Mid-Urethral Slings)

Trial of Midurethral Sling (TOMUS): A Randomized Controlled Trial of Retropubic versus Transobturator Midurethral sling for stress urinary incontinence New Engl J of Medicine.
2010 Jun 3;362(22):2066-76


The TOMUS trial is a randomized study comparing the retropubic sling to the transobturator sling for the management of stress urinary incontinence. This was a National Institute of Health study. The study was conducted by several centers across the country. The results showed that the trans-obturator system is comparable to the retropubic system. Stringent subjective and objective criteria were used to determine success following the surgical intervention. Complications with both the procedures were minimal and comparable.
Ongoing Clinical Trials at AUGM

- Follow up on patients with the suburethral mini sling procedure for urinary incontinence -- a long term follow up

This study reviews all the patients who have had the third generation sling procedure and reviews the complications, success and failures.

- Role of Interstim for the management of fecal incontinence

This paper assesses the subjective success of the Interstim procedure in patients suffering from fecal incontinence.

- Is hysterectomy necessary for the management of uterovaginal prolapse? The role of uterine preservation – a retrospective analysis of 126 cases

This study looks at the ability to preserve the uterus at prolapse surgery. Patients with prolapse of the cervix greater than stage II were considered for the study.

- A comparison of in office and operating room sling procedure for the management of urinary incontinence

This study looks to see if there are any risks or differences in doing the procedure in the office as compared to the operating room.

- Long term follow up of vaginal reconstructive surgery for uterovaginal prolapse -- reviewing the role of Prolift + M surgery

Patients who underwent Prolift + M surgery for prolapse and were at least 12 months out are considered for the outcome analysis.

- Pelvic floor therapy for the management of incontinence

Patients who underwent pelvic floor therapy for incontinence management are surveyed by way of validated questionnaires prior to and after the intervention.