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Mons Lift during Abdominoplasty Improves Stress Urinary Incontinence

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Stress urinary incontinence (SUI) is featured by an involuntary urine leakage occurring as a result of coughing or sneezing, which increases the intra-abdominal pressure, and is a psychological menace for many women who have undergone normal vaginal delivery. With a prevalence rate of 10%–40% among the female population, many of the women coming in for abdominoplasty experience SUI. Urethral slings are considered the gold standard for its surgical treatment but are associated with their own set of risks and complications.[1] The basic principle of these synthetic urethral slings is to create an angle in the mid-urethra so that there is increased resistance to urinary flow when abdominal muscles and the internal urethral sphincter contracts.[2]

Various published theories have shown improvement in urinary symptoms after abdominoplasty with plication or repair of the rectus abdominis in the midline due to a reduction of weight from the abdominal wall and an improved abdominal muscle strength that improves bladder emptying, thus reducing the residual urine volume. Twenty-five percent to 40% of patients with SUI who have undergone abdominoplasty do see an improvement.[3]

We undertook a retrospective analysis of 66 of our patients who had undergone complete abdominoplasty with an associated Mons lift over the last 3 years with a minimum follow-up of 12 months. Patients excluded from the study included those who had no preoperative SUI, had cesarean delivery, had a uterine prolapse, and did not undergo Mons lift as part of the surgery. The degree of SUI was assessed as mild, moderate, and severe based on the grading of SUI according to McGuire et al.[4] The surgical procedure included undertaking a complete abdominoplasty comprised of plication of the abdominal muscle in the midline, excision of the infraumbilical adipocutaneous pannus, and relocation of the umbilicus. An add-on procedure included elevating the Mons pad of fat and fixing it to the rectus sheath. The extent of elevation varied depending on the Mons ptosis and was undertaken in such a way that at the end of the procedure, the anterior fourchette was visible anteriorly (Fig. 1). The Mons pad of fat was fixed at three places to the anterior rectus sheath using Prolene 3-0 sutures at the midline and at the paramedian area such that the Mons triangle was maintained.

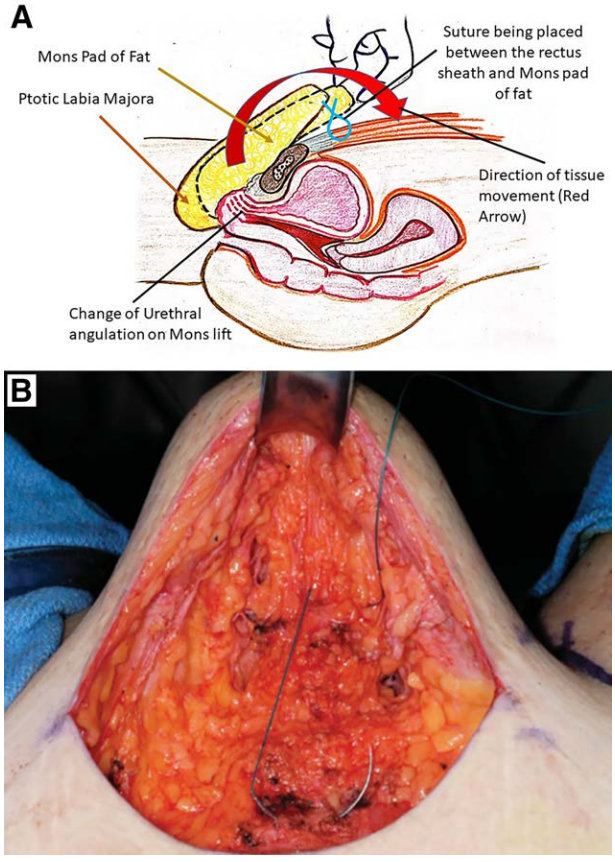

Fig. 1. Pictorial demonstration of the Mons lift. A, Schematic of the Mons lift (red arrow showing the tissue movement). B, Mons tissue being picked up in the midline; a suture will be used to fix the Mons tissue to the rectus sheath.

Forty four of the 66 patients who underwent this procedure (24/30 mild, 16/26 moderate, and 4/10 severe SUI) achieved complete continence during stress, whereas 10 had significant improvement in their symptoms. This was assessed through an objective patient evaluation according to the International

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Consultation on Incontinence Questionnaire-Short Form sent to them at a minimum of 6 months after surgery.

The factors that likely played a role in the significant improvement achieved include the improved tension in the pelvic fascia caused by the elevation of Mons tissue along with the Scarpa fascia, which is contiguous with the Colles fascia of the urogenital diaphragm. (**See figure, Supplemental Digital Content 1**, **http://links.lww.com/PRSGO/C623**.) This, in turn, lengthens the urethra and improves the angle at the bladder neck, which helps improve the continence.[3,5] (**See figure, Supplemental Digital Content 1**, **http://links.lww.com/PRSGO/C623**.) The repair of the abdominal musculature and restored distribution of forces helps in complete evacuation of the urine from the bladder.

To conclude, a combination of complete abdominoplasty with Mons lift can be offered to improve SUI in people who are interested in body shaping. This concept of tension distributed through the fascial continuity is central to the theory of tensegrity in biomechanics.[3]

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DISCLOSURES

The authors have no financial interest to declare in relation to the content of this article.

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