Impact of Fotona IncontiLase® on Urinary Incontinence and Quality of Life

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The clinical results of photo-thermal laser therapy for slight stress urinary incontinence are promising and some studies suggest that the Er:YAG laser procedure may represent the future of non-invasive therapy for the treatment of pelvic floor dysfunction. The IntimaLase® and IncontiLase® protocols are based on heating the vaginal wall mucosa and include two treatment sessions with a 6-8 week interval.

The purpose of the study is to assess the relationship between Fotona's IncontiLase® treatment and the evolution of the degree of urinary incontinence as well as the impact on quality of life.

A prospective before-and-after study, between May 2014 and December 2018, was conducted on 79 women who received IncontiLase® treatment. We assessed the scores of Spanish versions of the International Consultation on Incontinence Questionnaire (ICIQ-UI-SF) and the Incontinence Quality of Life (IQoL) at baseline (T1), 6-8 weeks post first treatment (T2) and 6-8 weeks post second treatment (T3).

To evaluate the progress we carried out a non-parametric repeated measures test and calculated the Spearman correlation coefficient. The significance level was set at $p<0.05$.

The women were aged between 34 and 76 with an average age of 47 (9.0). The results showed a progressive decrease of 2.40 points on the ICIQ-UI-SF and 17.86 points on the IQoL between T3 and T1 ($p<0.05$). There was also a significant correlation between ICIQ-UI-SF and IQoL at the T1, T2 and T3 time points, where the stronger coefficient is $r=0.837$ at T3.

Only one IncontiLase® session treatment was necessary for the patients to notice a perceived improvement in urinary incontinence and their quality of life. However, a second session is necessary in order to notice a significant improvement and to maintain it. The IncontiLase® laser procedure could be an effective non-invasive technique for this purpose.

Laser Treatment of Rectoceles – a Combined Vaginal and Rectal Approach

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A bulging of the front wall of the rectum into the back wall of the vagina is called a prolapse of the posterior compartment, or rectocele. The rectovaginal septum is very thin, and the fascia can be very susceptible to tear with vaginal delivery or remain unrepaired after episiotomy. Most surgeons resolve this with a colporectoraphy or perineoplasty. We are using a Fotona SMOOTH® pulse to build up the collagen matrix in the posterior dermis and help support that fascia. Five women complaining of posterior vaginal wall prolapse were treated with this procedure.

For the vaginal approach, we used either the G-Runner scanner or PS03X handpiece with GA adapter. When using G-Runner, the settings for prolapses were applied and the GA mirror was oriented downwards toward the posterior wall. When using the PS03X with GA, the orientation of the mirror was the same – downwards aiming toward the rectocele. With G-Runner we executed three full-length passes at the posterior wall, while with the PS03X and GA adapter we performed 6 full passes on the posterior wall, aiming the GA longitudinal dotted line on the six marks of the speculum.

For the rectal approach, we used the PS03X in combination with the LA adapter and performed IncontiLase® step 1 doing 3 lines at 11, 12 and 1 O'clock, 4 stacks per location and pulled backward every 5-7 mm until reaching the anal sphincter area. The full therapy consists of 3 sessions done every 4 weeks.

As measurement tools, we used the POP-Q exam before and at all follow up and VAS (0-10) on bulging sensation. The patients' satisfaction was assessed with 4 grade Likert scale (0=not satisfied, 1=somehow satisfied, 2=satisfied and 3= very satisfied) and adverse effects were observed at every session and at follow-ups. We are presenting 5 patients who received this dual vaginal and rectal approach protocol.