

PELVIC ORGAN PROLAPSE TREATMENT WITH TRANSOBTURATOR MESH IMPLANTS: LONG-TERM RESULTS

Hypothesis / aims of study

15-60% women suffer from pelvic organ prolapse (POP) in Russia. This pathology significantly reduces the quality of life of the patients, and high rate of recurrence after the classical operations leads to use of mesh implants. The purpose of the study is to evaluate the objective and subjective results of surgical POP treatment using mesh implants.

Study design, materials and methods

This retrospective study enrolled 205 women, which underwent transobturator cystocele repair with synthetic non-absorbable polypropylene mesh the "Pelvis Anterior" (Lintex, LLC, Russian Federation). from Feb. 2011 to Dec. 2014. Average age of patients was 63.57±6.95 years. Body mass index (BMI) was 27.34±6.72. We managed to contact just with 103 (103/205, 50.24%) patients. Mean duration of follow-up was 28.8 months, range from 14 to 52 months). Pre- and postoperative evaluation included history; physical examination using the Pelvic Organ Prolapse Quantification system (POP-Q) and cough stress test; Pelvic Floor Distress Inventory (PFDI-20), Pelvic Floor Impact Questionnaire (PFIQ-7), Pelvic organ prolapse/Urinary Incontinence Sexual Questionnaire (PISQ-12); urinalysis and culture; and a postvoid residual assessment. Failure was defined as recurrent cystocele ≥grade 2 using POP-Q system.

Results

The anatomical success rate was 91%, the subjective success rate was 86%. The PFDI-20, PFIQ-7 and, PISQ-7 were significantly improved after surgery. ($p < 0.005$). There was considerable regression of the leading points of POP-Q system (Aa from 2,78±0,55 to -2,31±0,77; Ba from 4,67±1,02 to -2.03±0,89; C from 5,37±1,27 to -4,41±1,59). Complications were rare: bladder perforation – 1 (0.97%), bleeding (≥200 ml) - 1 (0.97%), stress urinary incontinence de novo – 5 (4.85%), erosion - 1 (0.97%), overactive bladder – 3 (2.91%), urinary obstruction - 1 (0.97%). 10.6% women had development of stage II apical prolapse and 8.7% had of stage II rectocele.

Interpretation of results

There is need long-term period follow-up of this transobturator fixation, because it does not provide sufficient apical support and may leads to increase the risk of de-novo POP in non-operated compartment

Concluding message

More than 4-years experience of use the "Pelvis Anterior" has high safety and efficacy with an acceptable complication rate and recurrence risk.

Disclosures

Funding: None **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** Local Ethics Committee of The Saint-Petersburg State University clinic **Helsinki:** Yes **Informed Consent:** Yes