

PRIMARY AND RE-DO POSTERIOR REPAIR SURGERY IN THE UK: ANALYSES OF THE BRITISH SOCIETY OF UROGYNACOLOGISTS (BSUG) DATABASE.

Hypothesis / aims of study: Evidence suggests that surgical repair of vaginal wall prolapse using mesh may be more efficacious than traditional surgical repair. However, the data on efficacy and safety are limited. The UK's National Institute for Health and Clinical Excellence (NICE)¹ has recommended that vaginal prolapse surgery with mesh augmentation should only be performed as part of clinical audit. The aim of this study was to look at practice among UK urogynaecologist of graft usage, variety of grafts used and to compare the anatomical and functional outcomes, complications in primary and re-do posterior vaginal wall repair with and without grafts.

Study design, materials and methods: The British Society of Urogynaecologists' (BSUG) database is an electronic audit tool available to all UK consultants undertaking urogynaecological procedures. By January 2010 there were 142 centres registered to use the database, of which 68 had entered Data on 14,877 episodes of prolapse surgery. The demographics details, numbers of procedures using grafts, variety of grafts used, grade of surgeon and complications in Primary and re-do posterior repairs were compared.

Results: Between January 2006 and December 2009 there were 1394 operations for posterior wall prolapse alone were reported. Of these 967 were primary procedures, 332 were re-do and 95 were unspecified and were excluded from the analysis.

Interpretation of results: Graft was used in 9.7% of primary repairs and variety of grafts used were IMPR-Prolift in 39(41.4%), MPR-Apogee 24(26%), Graft-unspecified 31(33%). Grafts were used in 29.2% of re-do group. The most commonly used grafts in re-do group were IMPR-Prolift 40(12%), IMPR-others 1(0.3%), MPR-Apogee 27(8.1%), and pelvisoft 1(0.3%), Graft-unspecified 24(8.1%).

Out of primary procedures 68.3% were performed by consultant, 26.5% by trainee's vs. 75.6% by consultant and 20.4% by trainees in re-do group. The demographic details including age and average degree of posterior vaginal wall prolapse were very similar in both groups. The complication rates were low overall apart from more cases in re-do group needed return to theatre, prolong catheterisation, return to hospital within 30 days and higher graft problems. Outcome data was limited by only 40% of cases having recorded follow ups. For these more significant improvement was found in point Bp (POP-Q) in both groups with improvement in C as well in re-do group.

Complication	Primary procedures % (P)	Re-do procedures % (R)

Conclusion:

Improvement of documentation of post op questionnaire and POP-Q is required for better future analysis. More procedures need to be performed by trainees to improve surgical experience. Basic trends in prolapse surgery remain unchanged. The increase in the use of mesh is in patients with recurrent prolapse.

Demographic details	Primary procedures (P)	Re-do procedures (R)	Missing data
Age (years) Mean	58.27	63.03	P n=23(2.3%) R n=8 (2.4%)
POP-Q C Mean	- 5.063	- 3.7	P n=574(59.3%) R n=210(63.3%)
POP-Q Bp Mean	0.610	0.732	P n=531(59.3%) R n=171(51.5%)

Table1- Demographics details and Pre-operative POP-Q

Table2- Procedures with and without grafts

Primary Procedures		Re-do Procedures	
Without graft n=874	With graft n=94	Without graft n=235	With graft n=97
90.2%	9.7%	70.7%	29.2%
	IMPR-Prolift 39(41.4%) MPR-Apogee 24(26%) Graft-unknown 31(33%)		IMPR-Avaulta 4(1.2%) IMPR-Prolift 40(12%) IMPR-others 1(0.3%) MPR-Apogee 27(8.1%) Pelvisoft 1(0.3%) Graft-unspecified 24(8.1%)

Table 3 – Complications

Ureteric injury	0.0	0.0
Bladder injury	0.0	0.0
Bowel injury	0.01	0.18
Vascular injury	0.01	0.0
Neurological injury	0.0	0.0
Blood loss>500ml	0.04	0.09
Peri-operative Blood transfusion	0.0	0.09
Per-operative thromboembolism	0.0	0.09
Death	0.0	0.0
Return to theatre within 72 hrs	0.03	0.36
Catheterisation >10days	0.0	0.36
Return to hospital within 30 days	0.1	0.81
Graft problems	0.04	0.45

Table 4- Outcome reported: Primary n=379(39.1%) Re-do n=147(44.2%)

References

Global Impression of Outcome of prolapse	Primary Posterior Repair (P)%	Re-do posterior Repair (R) %
Improved	97.9%	89.7%
No change	1.05%	7.4%
Worse	1.05%	2.7%
POP-Q	Primary posterior Repair	Re-do posterior Repair
Point Bp Mean	-2.68	-2.50
Point C	-6.1	-5.6

1. Surgical repair of vaginal wall prolapse using mesh. June 2008. www.nice.org.uk

Specify source of funding or grant	not applicable
Is this a clinical trial?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	No
This study did not require ethics committee approval because	This abstract is based on analysis of data from UK national database(BSUG),Patients are consented and explained prior to putting their details on BSUG database.Data is only entered if patient give consent.
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes