

CAN MESH EXPOSURE RATES BE REDUCED IN ANTERIOR PROLAPSE REPAIR?

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Aims of the study: To evaluate the impact of surgical experience, change in graft material and modification in surgical technique in mesh exposure rates in patients submitted to anterior compartment repair with mesh.

Material and methods: Until October 2008 we performed 48 anterior compartment repairs with mesh using a prolift-like procedure. This procedure involved using the same surgical technique but with re-sterilized trocars and a similar shaped mesh. During this period we performed concomitant hysterectomy and huge inverted T shape incisions frequently as well as the use of a Prolene® Mesh. High mesh exposure rates were observed during this period, so we adopted several modifications to revert this situation: Change the graft material to Gynemesh®, avoid performing concomitant hysterectomy, and use a single small vertical vaginal incision with deeper vaginal dissection to achieve a thick mucosa to cover the mesh.

This is a retrospective study that compares mesh exposure rate in these two different periods. Group A corresponds to patients operated during the first period with our original surgical technique. Group B, corresponds to patients who underwent surgery after the adoption of the modifications already described.

Results: 81 patients underwent a prolift like procedure. 48 patients belong to group A and 33 patients belong to group B. Both groups had similar epidemiologic features: Age 58.8 ± 9.3 vs 60.1 ± 8.8 years ($p = 0.54$) ; parity 3.7 ± 1.4 vs 4.0 ± 2.0 ($p = 0.58$) ; Body mass index (BMI) 29.6 ± 6.0 vs 30.6 ± 3.4 ($p = 0.48$) ; Diabetes 10.4% vs 12.1 ($p = 0.54$). The mesh exposure rate was 29.2% for Group A and 9.1 % in group B ($p = 0.02$) with a mean follow up of 33.1 ± 7.8 months vs 9.6 ± 4.6 months respectively ($p < 0.01$). The mean post-operative time at the mesh exposure diagnosis was 3.1 months in both groups. We did not observe exposures after 6 month follow up in both groups. The surgical time for group A and B was 63.6 ± 28.6 minutes vs 44.2 ± 18.8 minutes respectively ($p < 0.01$). Concomitant vaginal hysterectomy was performed in 27.1% of patients in group A vs 9.1% of patients in group B ($p = 0.04$). Hospital stay was 1.9 ± 1.3 days vs 1.9 ± 2.7 days ($p = 0.97$) and anterior defect relapse at 12 month follow up defined as POP Q Ba stage 2, 16.9% vs 11.3% ($p = 0.67$).

Interpretation of the results: Our results suggest that the surgical experience and the incorporation of the previously described modifications to our Prolift-like procedure to repair anterior defects can reduce the mesh exposure rates without reducing the cure rate. Even though the mean follow up was significantly different between the groups, in our experience, no mesh exposures were observed after 6 months follow-up in both groups. In our study we cannot measure the impact of each intervention separately in reducing the mesh exposure rate.

Conclusion: The gain of surgical experience and the incorporation of several modifications already described can reduce significantly the erosion rates in patients who underwent our Prolift-like technique for anterior compartment defects repair.

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| Specify source of funding or grant | None |
| Is this a clinical trial? | Yes |
| Is this study registered in a public clinical trials registry? | No |
| Is this a Randomised Controlled Trial (RCT)? | No |
| What were the subjects in the study? | HUMAN |
| Was this study approved by an ethics committee? | Yes |
| Specify Name of Ethics Committee | Comite de Etica, Hospital Padre Hurtado |
| Was the Declaration of Helsinki followed? | Yes |
| Was informed consent obtained from the patients? | Yes |