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PROLAPSE SURGERY IN WOMEN OF 80 YEARS AND OLDER USING THE PROLIFT(TECHNIQUE

Hypothesis / aims of study

Treatment of genital prolapse in very elderly women is challenging. Although pessary therapy and colpocleisis are effective, they also have drawbacks. There is only scarce literature about surgical therapy in this age cohort, particularly regarding the use of meshes. We therefore aimed to evaluate the feasibility, perioperative and immediate post-operative complications, and short-term follow-up results of total mesh repair using the Prolift™ technique as one alternative for the treatment of advanced symptomatic pelvic organ prolapse (POP) in very elderly patients.

Study design, materials and methods

Sixty-two patients over the age of 80 years diagnosed with a clinically significant and symptomatic POP between March 2004 and March 2009 were eligible for this retrospective single center case series. All patients underwent staging of POP according to a simplified version of the International Continence Society (ICS) POP-Q staging system [1]. A stage II or greater POP was defined as clinically significant. More than 95% of women had a preoperative stage III or IV symptomatic POP. All pelvic floor reconstructive surgeries were performed in the Department of Gynecological Surgery, Centre Hospitalier Régional Universitaire de Lille, France. The surgical technique has previously been described in detail [2]. Mean follow-up time was 6.2 months.

Results

Prolift™ implantation was well tolerated by patients with regard to surgery and anesthesia, and hospitalization was relatively short (mean, 3.9 days). The mean operative time was 74.4±27.3 (range, 39-204) minutes. General anesthesia was used in 48 patients (77.4%). We did not perform any associated anterior or posterior fascial repair or myorrhaphy. An intraoperative complication was observed in only one patient (1.6%), who had blood loss (>500mL) not requiring blood transfusion. Importantly, complications directly related to the implantation technique, such as bladder or rectal perforation, were not observed. Early postoperative complications included increased post-void residual volume (25.8%), urinary tract infection (3.2%), and moderate or severe pain (17.7%). Importantly, major complications requiring the patient to be transferred to the Intensive Care Unit, or the need for surgical revision due to problems with the implanted Prolift™ were not observed during the early postoperative period. Five patients (8.3%) developed prolapse recurrence, and mesh retraction was observed in six patients (10%). There was no mesh erosion at short-term follow-up. There was less postoperative PVR>100mL and voiding difficulty in patients who had regional compared to general anesthesia (8% and 0% vs. 33% and 18%, respectively). Moreover, regional anesthesia was associated with a shorter hospital stay (2.9 days vs. 4.2 days, p=0.012). Conversely, regional anesthesia was associated with an increased incidence of de novo urge incontinence symptoms, compared to general anesthesia (18% vs. 2%, p=0.038). Postoperative voiding difficulty correlated with early UTI (p<0.001) and with the length of hospital stay (5.5 days with vs. 3.6 days without voiding difficulty, p=0.013).

Interpretation of results

Women over 80 years of age undergoing POP reconstructive surgery using the Prolift™ technique do not seem to be predisposed to more mesh-specific complications compared to younger patients, as might be expected due to vaginal atrophy and advanced age [3]. Moreover, the complication rate was not higher compared to traditional surgical techniques.
When possible, regional anesthesia should be used because of a reduced rate of postoperative voiding difficulty, urinary tract infection, and a significantly shorter hospital stay. The operative morbidity and mortality seems to be more influenced by the patients' co-morbidities than by age itself. Therefore, we believe that age alone should not be an exclusion criterion for any surgical procedure in elderly patients.

Concluding message

Treatment of advanced prolapse using Prolift™ in very elderly women is a feasible, safe, and effective surgical option, preserving a functional vagina. Thus, this may represent one alternative to colpocleisis. Further studies are warranted to prospectively evaluate this technique in comparison with traditional surgeries in this age group.

References

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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	**This is a single center case series with data collected retrospectively from the patients' medical records.** **Institutional Review Board CHRU Lille**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**