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THE INTERMEDIATE TERM FOLLOW UP OF CYSTOCELE REPAIR USING THE TRANSOBTURATOR APPROACHE WITH PORCINE DERMIS GRAFT (PERIGEE/INTEXEN®)

Hypothesis / aims of study

Anterior vaginal wall prolapse is the most common type of Pelvic Organ Prolapse (POP) with an incidence of 34.3%. Between the widely used grafts for cystocele repair, porcine dermis has been recently reported with variable outcomes. The technique of graft secure in most of these studies involved laterally placed delayed absorbable sutures. The objective of this study is to evaluate the intermediate term outcome of Perigee® with biocompatible Porcine Dermis Graft (InteXen®) in cystocele repair. In this technique, the graft is secured using the transobturator approach.

Study design, materials and methods

After the Institutional Review Board approval, the charts of all patients who had Perigee/InteXen® repair were reviewed during the period between May 2005 and July 2009. The preoperative data including patient age, parity, menopausal status, previous vaginal surgeries, hysterectomy status, presenting symptoms and pertinent physical findings were collected. Success was defined as a postoperative anatomical stage 0 or 1 using the POP Quantification (POP-Q) scoring system or POP stage 0 or 1 Baden-Walker if no POP-Q was available. Any intra- or postoperative graft related complications were also recorded.

Results

The charts of 89 patients were reviewed. Sixty-nine (78%) patients had at least 6-month follow up with a mean follow-up of 20 (6-44) months. Seventeen patients (25%) had previous anterior repair. Preoperatively, nine patients (13%) had stage II cystocele, 27 (39%) had stage III, and 33 (48%) had stage IV. Anatomic success was present in 48 (69%) patients with 23 (33%) having stage 0, 25 (36%) stage 1, 11 (16%) stage 2, 6 (9%) stage 3, and 4 (6%) stage 4. Median time to cystocele recurrence was 6 (3-22) months. Mean preoperative point Ba was 1.8 +/- 2.4, and mean postoperative Ba -1.0 +/- 2.3. Complications included bladder perforation (n=1), cystotomy (n=1), mesh erosion (n=1), and wound dehiscence (n=1).

Interpretation of results

In this study, 69 patients were treated using this technique. Twenty five % were presented with recurrent cystocele. Fourty eight % had stage IV anterior vaginal wall prolapse. Using the Porcine Dermis graft through the transobturator anchoring approach we found a success of 69% with a mean follow up of 20 months. Complication rate was about 6% with only one case of vaginal extrusion (1.5%).

Concluding message

Our data conclude that the use of transobturator approach for cystocele repair with the porcine dermis (Perigee/Intexen®) kit is a safe and effective procedure. Longer term follow up is needed.

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Is this a clinical trial?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	Yes
Specify Name of Ethics Committee	IRB Cleveland Clinic Florida
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes