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## SITE SPECIFIC VAGINAL REPAIR USING SURGISIS - OUR FIRST EXPERIENCE

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**AIM OF THE STUDY :** Prolapse is a very common gynaecological problem greatly affecting the quality of life. Several surgical techniques have been described and Site Specific Vaginal Repair (SSVR) using SurgiSIS is a fairly, new approach. Our aim of this study was to evaluate our success rate, occurrence of complications and recurrence following SSVR using SurgiSIS.

**STUDY DESIGN, MATERIALS AND METHODS :** This is a retrospective cohort study of 20 women who underwent SSVR using SurgiSIS during the period August 2007 to August 2009 in a district general hospital. The repair was performed for recurrent symptomatic and grade three/four pelvic organ prolapse (POP) and the case notes were reviewed. Using SurgiSIS anterior SSVR was performed in 9 cases 9/20(45%), posterior SSVR in 10 cases 10/20(50%) and in one case 1/20(5%) it was both anterior and posterior SSVR. Along with SSVR 8 women 8/20(40%) underwent perineorrhaphy, 4 women 4/20(20%) underwent bilateral sacrospinous fixation (SSF), 2 women 2/20(10%) underwent vaginal hysterectomy and one woman 1/20(5%) underwent Trans Obturator Tape (TOT).

**RESULTS:** The age of the patients ranged between 25 – 80 years (mean age 56.3). There were no intraoperative or perioperative complications. At three months of followup there was no vaginal erosion of SurgiSIS 20/20(100%). Three women 3/20(15%) complained of jaggy sensation in the perineum and three women 3/20(15%) who had also undergone SSF complained of dyspareunia. On examination there were a couple of prominent PDS sutures protruding in the vagina and were easily removed. During followup at six months only two women 2/20(10%) complained of urgency, one woman 1/20(5%) who had undergone TOT along with SSVR was still complaining of stress incontinence and only one woman 1/20(5%) complained of vaginal laxity and lack of sensation in the perineum. The duration of our followup was between 7 months to 31 months (mean 16.4 months) and there was no recurrence 20/20(100%) at the operated site. Only in one case 1/20(5%) prolapse occurred in a different compartment.

**INTERPRETATION OF RESULTS :** Short term followup has revealed a subjective success rate of 85%(17/20) and these women were relieved of their preoperative symptoms and were thoroughly satisfied. The objective success rate was 90%(18/20) and there was no erosion or recurrence 20/20(100%) at the same operated compartment. Our data correlates well with the other limited data available in the literature.

**CONCLUSION :** In our first experience, SSVR using SurgiSIS seems to be a safe and an effective method to treat complicated and grade three/four POP. Though our study group is not large the results are very encouraging. However, long term followup and multicentre studies are needed to confirm its safety and efficacy.

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