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PROGRIP MESH INSERTION- A SUTURE FREE TECHNIQUE FOR ANTERIOR AND POSTERIOR VAGINAL PROLAPSE REPAIR.

Hypothesis / aims of study

Repair of vaginal vault prolapse has advanced with the option of minimally invasive vaginal approaches and repair augmented with biomaterial mesh and specialised kits for fixation. Mesh development in urogynaecology has followed advances in inguinal hernia mesh repair with the latest technique being a suture free mesh insertion method. What is required is a balance between patient comfort, security of repair and ease of insertion with minimisation of complications.(1) We describe a new technique using a Progrip mesh where anterior and posterior vault repair is performed with a suture free and trocar free mesh which is partly resorbable with self-gripping properties.

Study design, materials and methods

14 patients underwent either anterior (3) or posterior (11) vaginal prolapse repair using a non-suture mesh fixation technique. The procedure involved an anterior or posterior colporrhaphy with dissection of vagina from the prolapsing organ. This was followed by repair of fascial layer and placement of Parietene Progrip mesh to strengthen the repair. The mucosa was then closed over the mesh with continuous suture. Surgical method followed standard mesh repair for vaginal prolapse excepting that the mesh was self-fixing and therefore no sutures were placed to secure it.

Results

There were no intraoperative complications. We have followed patients for up to 20 months and report no post operative complications to date. Initial results have been positive with no recurrence of symptoms.

Interpretation of results

Preliminary results compare favourably with the Apogee, Perigee and Bard mesh systems with advantages in terms of cost benefit and ease of insertion.(2)

Concluding message

We believe that this technique is an option for cystocele and rectocele repair. The method is quicker and less complicated and avoids the need for sutures with the potential complications such as fistulae formation. (3)There is also no risk of damage from trocar insertion as used in other systems. Long term data is required particularly regarding the risk of erosions and recurrence.

References

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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?	**No**
This study did not require ethics committee approval because	**Patient information was obtained retrospectively according to data protection principles.The techniques described were standard procedure for prolapse repair. Patients involved were fully informed and consented for the procedure as with all operations. Patient confidentiality was not breached.**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**