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LONG-TERM OUTCOME OF PROLIFT POLYLPROPYLENE MESH IMPLANTATION FOR ANTERIOR PELVIC ORGAN PROLAPSED.

Hypothesis / aims of study: Data about clinical outcome of Prolift polypropylene mesh implantation for pelvic organ prolapse (POP) have limited follow-up in the current literature, so that long-term results of this technique are unknown. Our goal was to describe the outcome of the Prolift procedure after a minimum of three years follow-up.

Study design, materials and methods: A retrospective evaluation of 83 patients treated between 2005 and 2008 in two tertiary reference centers was conducted. All patients presented with a POP of stage ≥2 in the Pelvic Organ Prolapse Quantification (POP-Q) classification. Patient characteristics are summarized in table 1. All patients underwent implantation of anterior Prolift™ vaginal mesh, associated to midurethral sling in 28 cases, and a posterior vaginal wall repair in three cases. Post-operative evaluation at last follow-up was conducted on the following endpoints : anatomic success (clinical examination with POP-Q stadification), patient satisfaction (using the Patient Global impression of Improvement (PGI-I) scale), urinary and prolapse symptoms (Pelvic Floor Distress Inventory (PFDI-20) , sexuality when active (global satisfaction with visual scale), and complications during follow-up (infections, erosions, re-operations).

Preoperative characteristics	
Age (mean±DS, (range))	67±8,5 (52-85)
Body mass index (mean±DS, (range))	26,5±3 (19,7-33)
Vaginal deliveries median (range)	2 [0-8]
Anterior pelvic organ prolapse (cystocele)	Stage 2 : 20/83 Stage 3 : 63/83
Associated prolapse	Vaginal vault prolapse :50/83 Rectocele : 15/83 Elythrocele : 12/83
Surgical history	Hystérectomie : 12/83 Cure de prolapsus : 14/83
Associated stress urinary incontinence with hypermobility of the bladder neck	56/83

Table 1

Results: After a mean follow-up of 51±6 months (24-66), 6/83 patients had a recurrence of anterior prolapse, 11/83 had a posterior prolapse (with three needed surgery), 5/83 had uterine prolapse. 76/83 patients were satisfied (much better or very much better). No patient treated with suburethral sling had recurrence of urinary incontinence, and 12% had de novo urgencies. Sexual satisfaction was improved in 10% of cases and unchanged in 90% of cases among the 27 sexually active patients. Mean PFDI-20 at last follow-up was 13 +/- 15 [0-98]. Two cases of erosion were noted at 9 months after surgery. 5 patients had chronic pelvic pain, 6 patients had stress urinary incontinence, 8 patients had constipation.

Interpretation of results: Our results show that Prolift mesh implantation for pelvic organ prolapsed surgery is efficient and associated with good long term results. Sexual function was unchanged in the vast majority of patients, and even improved for some of them. However, our study is limited by the retrospective design, and the fact that the population treated is heterogeneous. The study remain based on a small sample but this study fulfils the lack of data in the field.

Concluding message: Our long term experience with Prolift transvaginal mesh for pelvic organ prolapse showed good results with high anatomic success and few complications.

Specify source of funding or grant	**NONE**
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	**it was a retrospective study about patients treated fve years ago.**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**No**