

## LAPAROSCOPIC PELVIC FLOOR RECONSTRUCTION WITH A MODIFIED TRIPLE MESH.

### Hypothesis / aims of study

Although laparoscopic pelvic floor reconstruction for prolapse using the classical triple mesh (TVT or TOT, perineocolposacropexy and anterior colposacropexy) is being increasingly used, there is very little published about obstructive defecation following surgery. In our experience with the classical mesh shape and attachments, severe constipation was as high as 21%. We therefore modified the mesh shape by using a single attachment for sacropexy running the mesh on the right side of the sigmoid colon to find out whether incidence of obstructive defecation would decrease without jeopardizing global anatomical and functional (sexual function and incontinence correction) results.

### Study design, materials and methods

34 consecutive female patients with pelvic prolapse underwent laparoscopic reconstruction with the modified mesh from January 2004 to February 2006 and were followed up over a mean period of 41.8 months. 31 patients had cystocele grade III/IV, 19 had uterine prolapse and/or enterocele grade III-IV and 18 patients suffered rectocele grade III-IV. Patients main symptoms were stress urinary incontinence (27), abnormal bladder emptying (3), fecal incontinence (8), obstructive defecation (1). All patients complained of prolapse sensation.

### Results

The procedure took an average of 3 hours and 21 minutes and mean inpatient stay was 6.3 days. Stress urinary incontinence, abnormal bladder emptying and fecal incontinence were corrected in 89%, 97%, and 78% of patients respectively. The patient with obstructive defecation remained obstructed. Intraoperative complications included ureteral perforation (1); laparotomy (4); repositioning of the TVT for bladder perforation (2) and excessive bleeding (4). Immediate postoperative complications included retrovesical hematoma (1), Transient acute urine retention (3); right leg compartment syndrome requiring fasciotomies (1); myocardial infarction (1). Late complications included obstructive defecation (4); dyspareunia (1) and 7 reoperations for laparocoele (3); T.V.T erosion (2); recurring rectocele (1) and cystocele (1).

### Interpretation of results

Pelvic floor reconstruction with the modified mesh does not affect anatomic and functional results regarding sexual function and incontinence when compared to the classical mesh. It may, however, decrease postoperative obstructive defecation to 11.7%, but this rate continues to be high.

### Concluding message

The overall results may suggest that vaginal approaches have similar anatomical and functional results but a lower rate of complications

### References

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2. JL.Hoeffner, R.Gaston; Laparoscopic treatment of genterourinary prolapse. WEBSURG.COM DEC 2001 ; 1(12), URL:<http://www.websurg.com/ref/doiotocen244.htm>.

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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***

This is a follow up study on patients after insertion of an approved mesh for used in the E.C.

### ***Was the Declaration of Helsinki followed?***

Yes

### ***Was informed consent obtained from the patients?***

Yes