

MEDIUM TERM ANATOMIC OUTCOMES AFTER TRANSVAGINAL MESH REPAIR

Hypothesis / aims of study

The aim of our study was to report anatomic outcomes at 2 years in patients who underwent transvaginal mesh repair (Prolift™) for pelvic organ prolapse (POP).

Study design, materials and methods

We prospectively identified 77 patients with prolapse in the urogynaecology clinic who subsequently underwent transvaginal repair with Prolift™ between April 2005 and March 2008. Of the original cohort of 77 patients, 62 were seen at the 2 year follow-up visit. A further 2 patients declined examination and so were excluded from our study. For these 60 patients, symptoms at 2 years were reviewed. They also underwent POP-Q scoring and were evaluated for mesh exposure. Statistical analysis was done using paired t-tests and Fisher two tailed exact test.

Results

Median follow-up was 29 months, and mean age was 57.5 years. There were significant improvements in the POP-Q measurements of point C/D and the leading edge of the prolapse/most dependent part of the vagina ($p < 0.001$). Overall anatomic success rate was 85%. Mesh exposure was seen in 15% of patients and there was recurrent prolapse in 10%.

Interpretation of results

Our overall anatomic success rate was 85 % at 2 years. Point C/D and the most dependent part of the vagina were also significantly elevated at 2 years. These findings suggest that anatomical cure with vaginal mesh repair is maintained over a reasonable period of time; however longer term follow-up studies would be needed to confirm this.

Mesh exposure was noted in 9 patients (15%) through the entire study period. 5 cases were evident by the two year follow-up visit (8.33%); 4 cases were detected after 2 years. Interestingly, earlier reports with shorter follow-ups have reported lower mesh erosion rates. Fatton et al reported rates of 4.7% at 3 month follow-up [1] while de Tayrac et al reported rates of 6.3% at 10 month follow-up [2]. This increase in mesh erosion rate with time highlights the need for longer term follow-up in these patients.

Concluding message

Women undergoing the Prolift™ procedure have a good anatomical success rate over the medium term. The higher mesh erosion rates seen in our study emphasises the need for long term follow-up in these patients.

References

1. Fattouh B, Amblard J, Debodinance P, Cosson M, Jacquelin B (2007) Transvaginal repair of genital prolapse: preliminary results of a new tension-free vaginal mesh (Prolift® technique) a case series multicentric study. Int Urogynecol J Pelvic Floor Dysfunct 18:743-752
2. de Tayrac R, Devoldere G, Renaudie J, Villard P, Guilbaud O, Eglin G (2007) Prolapse repair by vaginal route using a new protected low-weight polypropylene mesh: 1 -year functional and anatomical outcome in a prospective multicentre study. Int Urogynecol J Pelvic Floor Dysfunct 18: 251-256

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	Observational study evaluating a treatment method
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes