

INCIDENCE OF NEW ONSET PELVIC ORGAN PROLAPSE AFTER REPAIR OF OTHER SEGMENT IN A PROSPECTIVE LONGITUDINAL DATABASE. TOPIC: RECONSTRUCTIVE SURGERY, PELVIC ORGAN PROLAPSE OR UROGENITAL PROLAPSE

Hypothesis / aims of study

A review of a prospective database following patients who have undergone prior transvaginal mesh repair of prolapse was performed to determine the onset of Grade II or greater pelvic organ prolapse in a vaginal segment not previously repaired or diagnosed with the same.

Study design, materials and methods

An IRB approved longitudinal database following patients who have undergone transvaginal repair of pelvic organ prolapse with mesh was reviewed. After informed consent is obtained, patients enrolled are followed bi-annually. Patients undergo exam, post void residual check, interview in terms of sexual activity and global satisfaction with previous repair. Pelvic exam is recorded by Pelvic Organ Prolapse Quantification (POPQ) score.

Results

235 patients have been enrolled and followed since 2003. 192 of 235 had single segment repairs only. Mean follow up defined as date of surgery to date last evaluated in the single segment repair population was 23.3 months (range 2-78.5). 117 of 192 (61%) had the anterior segment only repaired. 22 of 117 (18.8%) who initially had anterior repair, developed posterior segment prolapse.

75 of 192 (39%) had the posterior segment only repaired. 16 of 75 (21.3%) who initially had posterior repair, developed anterior segment prolapse. 3 of 117 (2.6%) who initially had anterior repair suffered failure of initial repair in addition to new onset posterior prolapse. 1 of 75 (1.3%) who initially had posterior repair suffered failure of initial repair in addition to new onset anterior prolapse.

2 of 16 (12.5%) who initially had posterior repair suffered failure in addition to new onset anterior prolapse. 8 of 38 (21%) opted to have their new onset prolapse repaired, the remainder remain satisfied with their current situation at the time of database evaluation.

Average time to new onset prolapse diagnosis was 21.2 months for the group.

Interpretation of results

In this database population, patients who have undergone single segment transvaginal mesh repair may expect to have new onset prolapse in posterior compartment of 18.8% who have undergone prior anterior repair. Similarly, 21.3% of patients who undergo an initial posterior repair may expect to have anterior segment new onset prolapse. The mean time to prolapse in this group is 21.2 months. It does not appear that new onset prolapse has any relation to failure of the initial repair. Interestingly, only 21% of patients with new onset prolapse have elected repair of the prolapsed segment to date.

Concluding message

In this longitudinal database new onset prolapse incidence is approximately 20% over approximately 2 years time. The surgeon should consider continued follow up in patients undergoing unilateral segment repair as future follow on surgery may be required.

Initial segment repaired	n	New segment prolapse only	Mean time to new prolapse (mos)	Failure and new segment prolapse	Had new segment repaired
Anterior	117	22	21.3	3	6
Posterior	75	16	21.2	1	2
Total	192	38	21.2	4	8

Disclosures

Funding: None **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** University of Florida, IRB **Helsinki:** Yes **Informed Consent:** Yes