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DESCRIPTION ABOUT SURGERY OF PELVIC ORGAN PROLAPSE. MESHES VERSUS CLASSICAL TECHNIQUES

Hypothesis / aims of study

Pelvic organ prolapse works as a weakness in vagina walls, due to the fact that connective tissue has a decrease in support. In general, women have an estimated risk of 11% in their lives of being operated due to this problem (1). In recent years, there have been an increased interest in minimal invasive surgery with the use of vaginal meshes. We want to show the predominance in our Unit last year of patients operated with minimal invasive surgery versus those who have been operated through classical techniques.

Study design, materials and methods

It is a retrospective and not randomized study, about the surgery with uterine preservation in patients with pelvic organ prolapse, during 2011 in our Unit. Those patients were divided in two groups: in one of them those who were operated with classical techniques for repairing pelvic floor, and in the other patients submitted to minimal invasive surgery.

Results

There were a total of 166 surgeries due to pelvic floor damages. 100 of them had pelvic organ prolapse, so 66 only required surgery for urgent urinary incontinence, with Monarc® and Miniarc precise® meshes. Of the initial 100 patients, 88 were operated with uterine preservation, 10 of them with classical techniques (11.3%) (table1), and 78 with minimal invasive surgery (88.6%). 34 patients of 88 (38.6%) needed association with urinary incontinence surgery (Monarc® and Miniarc precise®)

| TECHNIQUE | N |
|-----------------------|---|
| Modified Manchester | 3 |
| Anterior colporraphy | 4 |
| Posterios colporraphy | 2 |
| Cervical amputation | 1 |

Table1

Interpretation of results

Both outcomes are very similar but we mustn't forget that with minimal invasive surgery we reduce the days in hospital and also we reduce intrasurgical complications, because the average of surgical time is shorter.

Concluding message

We must evaluate risks and benefits for each patient when we are deciding the surgical technique. With pelvic floor surgery we try to get a pelvic and perineal balance enough to give solutions to mechanical, urinary, sexual and digestive disfunctions. However, the most important thing is that the treatment must answer patient's expectations.

References

1. Carramao S, Flores Auge AP et al. A randomized comparison of two vaginal procedures for the treatment of uterine prolapse using polypropilene mesh: hysteropexy versus hysterectomy. Rev. Col. Bra. Cir. 2009;36(1): 065-072

Disclosures

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