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PROLAPSE SURGERY IN OCTOGENARIANS: ARE WE PUSHING THE LIMITS TOO FAR?

Hypothesis / aims of study

To report our experience with pelvic reconstructive surgery with transobturator mesh implants in elderly women.

Study Design, materials and methods

A total of 32 women aged >75 years with pelvic organ prolapse receiving anterior or/and posterior repair using transobturator mesh implants were included. Concomitant mid-urethral sling procedure was performed in 78% women. Postoperative outcome data and quality of life measurements were recorded prospectively. Patients were followed for up to 24 months.

Results

Mean age at surgery was 82.8±3.1 years. A total of 15 anterior repairs, 8 posterior repairs and 9 posterior and anterior repairs were performed using transobturator mesh implants. Concomitant synthetic mid-urethral transobturator sling procedure was performed in 25 women (78%). Mean operating time was 47.2±22.3 minutes, and the mean hospitalization period was 5.9±1.6 days. There were no systemic complications related to anaesthesia or surgery. Two patients required intraoperative bladder suturing due to iatrogenic bladder lesion. There were no rectal injuries, no bleeding necessitating transfusion, voiding dysfunction or erosions of synthetic implants. Pelvic floor testing at 24 months postoperatively showed 15% of the patients presenting with stage II vaginal wall prolapse. Further, quality of life parameters, as measured by SF-36 questionnaire, were improved compared to baseline values.

Concluding message

Pelvic reconstructive surgery in elderly women is safe and enhances the quality of life. However, special caution should be paid to risks and benefits of such surgery in this patient population.

Disclosures

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