

USING MESH IN PELVIC FLOOR PATHOLOGY: OUR EXPERIENCE WITH COMPLICATIONS IN 7 YEARS.

Hypothesis / aims of study

Our experience in the correction of pelvic organ prolapse using polypropylene macropore monofilament meshes.

Study design, materials and methods

From January 2005 to December 2011 we operated on 379 women for pelvic organ prolapse with and without stress urinary incontinence:

- 89 Perigee™.
- 28 Apogee™.
- 34 Perigee™ + Monarc™.
- 45 Perigee + Miniarc®.
- 16 Apogee™ + Monarc™.
- 9 Apogee™ + Miniarc®.
- 71 Perigee™ + Apogee™.
- 24 Perigee™ + Apogee™ + Monarc™.
- 30 Perigee™ + Apogee™ + Miniarc®.
- 8 Elevate® Anterior and Apical.
- 3 Elevate® Anterior and Apical + Miniarc®.
- 3 Elevate® Anterior and Apical + Apogee™.
- 1 Elevate® Anterior and Apical + Apogee™ + Miniarc®.
- 7 Elevate® Apical and Posterior.
- 3 Elevate® Apical and Posterior + Perigee™ + Miniarc®.
- 7 Elevate® Apical and Posterior + Perigee™.
- 1 Elevate® Apical and Posterior + Miniarc®.

In all we have placed 684 meshes in 379 women with a mean followup of 42 months.

Results

684 meshes	
Early complication	
Urinary retention	8 (1.16%)
Urinary infection	1 (0.14%)
Hematoma	13 (1.90%)
Gluteal pain	2 (0.29%)
Bladder injury	9 (0.29%)
Late complication	
Erosion	16 (2.33%)
Stress incontinence maintained	16 (9.63%)* (treat Urinary Stress incontinence)
Stress incontinence "de novo"	25 (3.65%)
Urgency "de novo"	20 (2.92%)
Urgency maintained	6 (0.87%)
Dispareunia	1 (0.14%)
Cystocele recurrent ≥II	8 (1.16%)
Apical prolapse recurrent ≥II	13 (1.90%)
Rectocele recurrent ≥II	11 (1.60%)

Concluding message

Due to the low percentage of early or late complications and low recurrence rate of prolapse grade ≥ II (Baden-Walker), in our experience, we believe that the macropore monofilament polipropileno meshes are an effective and safe treatment to correct the pathology of Female Pelvic Floor.

Disclosures

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