

CONCOMITANT TRANSVAGINAL MESH AND SLING FOR PELVIC ORGAN PROLAPSE, STRESS URINARY INCONTINENCE, AND OCCULT STRESS URINARY INCONTINENCE WOMEN

Hypothesis / aims of study

The purpose of this study was to evaluate the efficacy and feasibility of concomitant transvaginal mesh (TVM) with total Prolift® and sling with TVT-O® to treat women with pelvic organ prolapse (POP) and stress urinary incontinence (SUI) or occult SUI (OSUI).

Study design, materials and methods

Eighty-eight consecutive women with advanced POP and SUI or OSUI were retrospectively enrolled. The patients were monitored at 1 week, 1, 3, 6, and 12 months postoperatively then annually thereafter. The endpoints were the cure rate, perioperative and postoperative complications. The functional outcomes were voiding difficulty, persistent or de novo overactive bladder (OAB) symptoms, postoperative SUI, abnormal sensation, and anatomic recurrence of prolapse.

Results

The median follow-up period was 35 months (range, 12–50 months). Within the follow-up period, 96% of them were objectively cured. 5.6% had vaginal apical mesh exposure. 33% had postoperative persistent or de novo OAB symptoms. 10% had voiding difficulty postoperatively, and only 2% had evidence of voiding difficulty on postoperative urodynamic evaluation. 22% had POSUI, and 30% of them had objective urodynamic SUI. 5.6% had recurrent POP.

Interpretation of results

Our perioperative morbidity was minor and uncommon. We attribute this low morbidity rate to completing a “learning curve” period prior to this study as previously reported. In our study, decreases in maximal urethral pressure and PVR, and increases in urinary flow rate after the surgeries were achieved. We believe that POP surgery can relieve voiding difficulty and decrease PVR. The prevalence of OAB symptoms is greater in patients with POP than without POP. Bladder outlet obstruction (BOO) may play an important role. Patients with preoperative OAB symptoms are more likely to have persistent symptoms postoperatively. We thought that the reasons for POSUI could be DO and preoperatively severe SUI, and antimuscarinic therapy could effectively improve it, according to our study. In our study, none of the patients who had mesh exposure had DM or uterus preserving surgery. In our experience, patients with well controlled DM did not have increased risk of mesh exposure, and mesh exposures could be managed with simple full-thickness excision of the exposed mesh, generally as an outpatient, with full resolution of bothersome symptoms.

Concluding message

Concomitant TVM with total Prolift® and sling with TVT-O® for treatment of women with POP and SUI or OSUI has good efficacy and feasibility.

References

1. Marinkovic, S.P. and S.L. Stanton, Incontinence and voiding difficulties associated with prolapse. *J Urol*, 2004. 171(3): p. 1021-8.
2. Ballert, K.N., et al., Managing the urethra at transvaginal pelvic organ prolapse repair: a urodynamic approach. *J Urol*, 2009. 181(2): p. 679-84.
3. Fatton, B., Is there any evidence to advocate SUI prevention in continent women undergoing prolapse repair? An overview. *Int Urogynecol J Pelvic Floor Dysfunct*, 2009. 20(2): p. 235-45

Disclosures

Funding: no **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** Institutional Review Board **Helsinki:** Yes **Informed Consent:** Yes