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RISK FACTORS OF SURGICAL FAILURE FOLLOWING TRANSVAGINAL MESH REPAIR FOR THE TREATMENT OF PELVIC ORGAN PROLAPSE

Hypothesis / aims of study
To identify the factors associated with pelvic organ prolapse (POP) recurrence after transvaginal mesh (TVM) repair.

Study design, materials and methods
One hundred and thirteen women with symptomatic POP stage II to IV were scheduled for TVM procedures. All subjects underwent urinalyses and pelvic examination using the POP quantification (POP-Q) staging system before and after surgery.

Results
Seven (6.2%) of 113 women reported POP recurrence after mean follow-up time of 30 months. We performed a univariate analysis of patients' characteristics to identify the predictors of surgical failure after TVM. There was no difference between two groups as to body mass index, POP stage, mesh type, and preoperative urinary symptoms and urodynamic parameters ($P>0.05$). However, we found the uterine prolapse ($P=0.016$) and the surgical experience ($P=0.043$) were 2 significant predictors of surgical failure. Multivariate logistic regression showed the similar results.

Interpretation of results
Advanced uterine prolapse and surgical experience were 2 significant predictors of surgical failure.

Concluding message
Advanced uterine prolapse and lack of surgical experience were two
significant predictors of failure following TVM. POP recurrence after mesh repair
appears to be unlikely beyond the learning curve.

Disclosures
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