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THE USE OF PROLIFT* IN THE SURGICAL TREATMENT OF PELVIC ORGAN PROLAPSE

Hypothesis / aims of study
To evaluate the safety and efficacy of Gynecare Prolift* in the surgical treatment of pelvic organ prolapse.

Study design, materials and methods
This is a retrospective review on patients who had surgical correction with Gynecare Prolift* from 1 July 2005 to 31 December 2006. Pelvic organ prolapse was graded according to Baden-Walker system. Patients were scheduled to follow up at 1, 6, 12 months and then yearly.

Results
101 patients were included; 59, 6 and 36 patients had anterior, posterior and total Prolift respectively. Only 1 patient (1%) had bladder perforation during anterior Prolift* insertion. One anterior Prolift* patient presented with hematoma at groin, 3 total Prolift* patients had vaginal, skin and pelvic hematoma and 2 patients with total Prolift* and concomitant vaginal hysterectomy had intraabdominal hemorrhage which required emergency laparotomy. Total Prolift* patients had significantly higher immediate postoperative complication rates than anterior and posterior Prolift* (13.9%, 1.7%, and 0%) and higher blood transfusion rates (25%, 1.7%, and 0%). Short term thigh discomfort developed in 34.7% of patients without significant difference between patients with or without TVT-O procedure (50%/32.1%) and 26.7% had short term buttock pain without significant difference between patients with or without SSF (32.4%/30.9%). Mean duration of indwelling catheterization was 3 days (1-20 days). Ten patients (9.9%) lost to follow and mean follow up time was 5 months (1-19months). Objective cure rates for anterior, posterior and total Prolift* were 96.1%, 100% and 88.2%, respectively. Two recurrent cystourethrocele were detected in anterior Prolift* patients; 1 recurrent cystourethrocele, 1 recurrent cystourethrocele with vault prolapse in total Prolift* patient who had vaginal hysterectomy. Two recurrent uterine descent were detected in total Prolift* patients who desire to conserve the uterus (2/8 patients, 25%). The incidence of de novo SUI and de novo urge were 11% and 6.6%. Wound dehiscence and mesh erosion were demonstrated in 8.8% and 6.6% of the patients, respectively. These conditions were found only in anterior Prolift* patients (5.9%, 5.9%) and total Prolift* patients (14.7%, 8.8%) without significant difference. The 6 months cure and complication rates will be presented.

Interpretation of results
Prolift* is safe and effective in the surgical treatment for severe pelvic organ prolapse with acceptable adverse effects and excellent short-term cure rates. Total Prolift* seems to have higher perioperative and postoperative complications and lower cure rates especially in patients who desire to conserve the uterus.

Concluding message
The use of Prolift seems to be the way to reduce recurrence in severe pelvic organ prolapse surgery.

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HUMAN SUBJECTS: This study was approved by the KKH Institutional Review Board and followed the Declaration of Helsinki Informed consent was obtained from the patients.