

## COMBINED PELVIC RECONSTRUCTIVE SURGERY WITH AND WITHOUT USING PERIGEE TRANS-OBTURATOR MESH IN WOMEN WITH SEVERE PROLAPSE: A COMPARISON IN A MINIMUM FOLLOW UP OF ONE YEAR

### Hypothesis / aims of study

This prospective study was to compare the results of vaginal reconstructive surgeries in the management of advanced genital prolapse using and not using Perigee procedure.

### Study design, materials and methods

Between Jan 2006 and April 2007, 59 women with cervical prolapse or vaginal vault eversion greater than stage III (ICS grading system) were enrolled. The exclusion criteria include urinary stress incontinence and medical disease that unfit for surgery. 30 women were treated with unilateral sacrospinous ligament suspension (control group) and 29 underwent unilateral sacrospinous ligament suspension concurrent with Perigee procedure (Perigee group). The other indicated concurrent pelvic reconstructive procedures including anterior colporrhaphies, posterior colporrhaphies and vaginal total hysterectomies. Preoperative work-up consisted of comprehensive obstetrics and gynecological history, urinalysis, sexual activity and pelvic examination in dorsal lithotomy position with maximum abdominal strain, in order to identify the defect of pelvic support. The prolapse evaluation according to International Continence Society (ICS) ordinal stages of pelvic organ prolapse was performed pre-operatively and at 3, 6 and 12 months after surgery. Urodynamics, one-hour pad tests and introital ultrasonography was scheduled pre-operatively and at one year after surgery.

### Results

The mean period of follow-up was 14.1 months. These two groups were comparable in age, weight, parity, rate of prior pelvic surgery and rate of concurrent pelvic procedures. The Perigee group has more intraoperative blood loss and longer operation time. Other complications included mesh exposure and vaginal stitch protrusion. Optimal surgical effectiveness was defined as no protrusion of vaginal wall greater than stage I. Optimal surgical effectiveness of the Perigee group was 6.9% (2/29) and that of the control group was 13.3% (4/30). This results did not revealed a statistically significant difference.

Urodynamic data showed that the obstructive index was relieved in both group. Detrusor overactivity were resolved in both group was well. In addition, measurement on the mesh revealed that the mean thickness was increasing and the width and length of then mesh was decreasing over the time.

### Interpretation of results

Vaginal reconstructive surgeries with and without using Perigee procedure has both achieved a good results in correcting severe pelvic organ prolapse. The observation on the mesh suggests that shrinkage does occur. A longer period of follow up is necessary to determine the value of concurrent Perigee procedure.

### Concluding message

A longer period of follow up is necessary to determine the beneficial value of Perigee in concurrent vaginal reconstructive procedure

<b><i>Specify source of funding or grant</i></b>	<b>Nil</b>
<b><i>Is this a clinical trial?</i></b>	<b>No</b>
<b><i>What were the subjects in the study?</i></b>	<b>HUMAN</b>
<b><i>Was this study approved by an ethics committee?</i></b>	<b>Yes</b>
<b><i>Specify Name of Ethics Committee</i></b>	<b>CGMH</b>
<b><i>Was the Declaration of Helsinki followed?</i></b>	<b>Yes</b>
<b><i>Was informed consent obtained from the patients?</i></b>	<b>Yes</b>