762

Girn Z[1], Marsh F[1], Landon C[1]
1. *Leeds Teaching Hospitals*

EVALUATION OF OUTCOMES FOLLOWING REPAIR OF PELVIC ORGAN PROLAPSED USING PROLIFT™ TRANSVAGINAL MESH: A RETROSPECTIVE REVIEW

Hypothesis / aims of study

The objective of this study was to report the intra and post-operative outcomes after pelvic organ prolapse (POP) repair using Prolift transvaginal mesh.

Study design, materials and methods

Between January 2006 and July 2008, 43 women underwent POP repair using Prolift™ transvaginal mesh and were followed up using clinical assessment and validated QOL questionnaire (PISQ-12).

All surgeries were performed by one surgeon.

Results

The mean age of patients was 64.7 years (range 41-85). The mean follow-up period was 10 weeks (range 14-215days). 41(95%) women had undergone a previous hysterectomy and 13(30.32%) had undergone prior vaginal wall prolapse surgery.

24(56*%)* women underwent total, 6 (14%) anterior and 13 (30%) posterior vaginal mesh repairs. 6(13.95%) women with stress urinary incontinence had synchronous suburethral tape insertion.

Immediate post-operative complications consisted of 2(4.6%) cases of urinary retention, 1(2.3%) vaginal bleed requiring repacking and 1(2.3%) case of significant vaginal pain requiring patient controlled morphine infusion.

33(76.5%) women had complete resolution of prolapse and associated symptoms. 3(7%) women reported new onset urinary stress incontinence, 7(16%) complained of urinary urgency and 3(7%) women had minor vaginal wall adhesions. 2 of these women required surgical adhesiolysis and 1 had spontaneous resolution following resumption of sexual activity. Of the 21 sexually active women, 4(19%) reported dyspareunia. 14(64%) of sexually active women were satisfied with the effects the surgery had had on their sex life.

Interpretation of results

This review presents the short to medium term outcome in patients who underwent repair of pelvic organ prolapse using Prolift™. The incidence of peri-surgical complications in our series is 9.2% (4/43 women). On follow up there were no cases of mesh erosion and the incidence of minor vaginal adhesions was low, which could be easily managed. The subjective cure rate is 76.5% with 10 women developing or persisting with urinary symptoms of stress incontinence and urgency.

The overall satisfaction rates for sexually active women post surgery is 64% with 19% dyspareunia rate. However, due to the poor quality of the pre-operative data, it was impossible to determine how many women had continuing or de novo sexual problems.

Concluding message

Prolift™ offers a safe and effective treatment for female pelvic organ prolapse. However, long term follow up and direct comparison with traditional prolapse repair is needed to support prolonged maintenance of results.

Specify source of funding or grant	**None needed**
Is this a clinical trial?	**No**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**No**
This study did not require eithics committee approval because	**This is a retrospective review and patients were assessed using the routine protocols of the department and validated quality if life questionnaires**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**