

TRANS-VAGINAL PROLAPSE REPAIR, SAFETY, EFFICACY AND COMPLICATIONS

Hypothesis / aims of study

The repair of vaginal prolapse has been accomplished by a variety of techniques. Some of these have been trans-abdominal and some have been trans-vaginal. We have a number of patients who have undergone open trans-abdominal sacrocolpopexy in the past. More recently we have opted for a mesh assisted, trans-vaginal repair that could possibly reduce hospital time, pain, disability, while achieving the same results.

Study design, materials and methods

Twenty-one consecutive patients underwent a trans-vaginal vault repair with the Apogee/Perigee system (AMS). All patients were between the ages of 38-81, and all had a concomitant incontinence procedure done at the same time, either SPARC or MONARC. There were no significant surgical complications. All had undergone hysterectomy in the past and had grade 3 or worse prolapse. All patients were kept overnight at least one night in the hospital. We compared the results of these patients with our sacrocolpopexy group as far as outcomes are concerned.

Results

Patients were followed from 2-14 months. Three patients had complete failure consisting of prolapse recurrence at 5 and 8 months post operatively. One patient had erosion of the mesh posteriorly requiring removal at 6 months post operatively. Two patients had to undergo resection of the mesh due to extrusion. Two patients had persistent stress incontinence and two had persistent discomfort at 3 months. Compared with the sacrocolpopexy group, hospitalization was substantially less (3.2 vs. 1.4d, $p < 0.05$), and return to normal activity was improved as well (9.4 weeks vs. 4.6 weeks), incontinence rates were the same overall (18% vs. 15%). There were no failures in the sacrocolpopexy group, but there have since been one cystocele and 2 rectoceles that have since developed

Interpretation of results

Trans-vaginal vault prolapse is as efficacious and safe. There were some mid-term failures that are disturbing but the numbers are still small.

Concluding message

The Apogee/Perigee system seems equivalent to the sacrocolpopexy results in the short term, with improved length of stay and recovery. Long term results will be necessary to determine efficacy.

<i>Specify source of funding or grant</i>	None
<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	Yes
<i>Specify Name of Ethics Committee</i>	Retrospective Study
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	No