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Wille S[1], Ahrens U[1], Poyi Kamdem M[1], Engelmann U H[1]
1. *Department of Urology, University of Cologne*

PELVIC FLOOR DISTRESS INVENTORY SCORES AFTER PRIMARY TENSION FREE CYSTOCELE REPAIR BY VAGINAL ROUTE USING A FOUR ARMS POLYPROPYLENE MESH: 24 MONTHS FOLLOW-UP

Hypothesis / aims of study
The aim of this study was to evaluate the anatomical and functional results of a polypropylene mesh by vaginal route using a four arms polypropylene mesh through the obturator foramen for *primary* cystocele repair.

Study design, materials and methods
29 patients underwent a primary cystocele repair by using a four arms polypropylene mesh (Avaulta solo ®, Bard) through the obturator foramen. Prolapse severity was evaluated using the Pelvic Organ Prolapse staging system (POPQ) and perineal ultrasound. Symptoms were evaluated preoperatively and during follow-up using the validated Pelvic Floor Distress Inventory (PFDI) questionnaire. The PDFI SF consists of 20 questions regarding OAB, stress incontinence, stool incontinence, defecation, pelvic pain and discomfort by the prolapse itself. All patients underwent a clinical and urodynamic assessment.

Results
With a mean follow-up of 24 months, 28 of 29 patients were considered anatomically cured. 17 of the 29 patients suffered from coexisting stress incontinence preoperatively which was cured in 16 cases and significantly improved in 1 case. Mean operating time was 49 minutes. Neither significant bleeding, bladder perforation nor nerve injury were reported. So far two vaginal erosion and one recurrence were observed.
With regards to the preoperative evaluation through PFDI SF scoring, each question has a max score of 4 points, with a max total of 80 points. Pre- and postoperative median score were 34 and 24, respectively, which was highly significant (p= 0.005). Most impressive differences were observed in question 1, 3, 16, and 18. A highly significant p-value of 0.008 was seen in the reduction of the preoperative stress incontinence.

Interpretation of results
The primary tension free cystocele repair by vaginal route using a four arms polypropylene mesh is an effective and safe procedure with low morbidity. The procedure leads to a significant improvement of all important PFDI SF domanes.

Concluding message
This technique seems to be a valid surgical alternative. It should be used as a primary treatment option and not as a last resort procedure.

Specify source of funding or grant	**no funding or grant**
Is this a clinical trial?	**Yes**
Is this study registered in a public clinical trials registry?	**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	**it was a pilot study**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**