

CYSTOCELE REPAIR WITH CADAVERIC FASCIA: LONG TERM RESULTS

Hypothesis / aims of study

Since our initial description of the use of non frozen cadaveric fascia for prolapse repair with sling (CaPS) in 2000, we have continued to perform anterior repair utilizing cadaveric fascia. We now present updated and long-term results of our technique of cystocele repair with non-frozen cadaveric fascia lata

Study design, materials and methods

A retrospective review of 344 patients who underwent anterior repair between 1997- 2008 was performed with mean follow-up of 45 months (range 6-139 months). Cystocele repair was performed with non-frozen cadaveric fascia lata. Outcome measures included pelvic examination for prolapse recurrence/complications, a validated subjective continence and patient satisfaction questionnaire, and a quality of life score. Failure was defined as recurrence of grade 3 or higher cystocele using the Baden-Walker system, or re-operation for prolapse. The Kaplan-Meier method was used to generate a time to failure curve.

Results

The mean age of the patients was 64.6 years (range 31-89 years). Mean follow up was 45 months (range 6-139). 26% of our patients (196) had greater than 5 years follow up. 25% percent had previous surgery for prolapse and/or SUI. 37 women (11%) had grade 2 cystoceles, 170 (49%) had grade 3, and 137 (40%) had grade 4 cystoceles. In addition to anterior repair with cadaveric fascia, 140 (31%) underwent additional prolapse surgery for posterior laxity, 46 (10%) additionally had an apical repair and 68 (15%) underwent concurrent transvaginal hysterectomy. 93 patients (20%) had recurrence of cystocele (grade 3 or 4). Of the 93 patients with cystocele recurrence, 32 patients (7%) had grade 4 cystocele and 61 patients (13%) had grade 3.

The mean SEAPI scores were 6.73 preoperatively and 3.83 postoperatively, representing a statistically significant change ($p < 0.001$). For those patients with > 5 years follow up, the average postoperative SEAPI score remained statistically significantly changed (4.23, $p < 0.001$). 77% of our patients would repeat the surgery if necessary and/or recommend the procedure to others. When presented with a visual analogue scale (range 0-10), 71.3% rated their satisfaction with the procedure as a 7 or greater. In the group of patients with > 5 year follow up, patient reported satisfaction remained at 7 or greater for 67%. Less than 10% of our patients reported any complaints of pelvic discomfort. Of those who were sexually active, less than 5 % had discomfort with intercourse.

Interpretation of results

With a maximum follow-up of over 10 years in patients undergoing cystocele repair with non-frozen cadaveric fascia lata, results are excellent and durable with high patient satisfaction and minimal complications.

Concluding message

When considering an anterior repair, consideration of the use of non-frozen cadaveric fascia is suggested as our results demonstrate a significantly lower failure rate than plication alone and an avoidance of the complications associated with the use of synthetic mesh.

<i>Specify source of funding or grant</i>	Coloplast
<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>	No
<i>This study did not require ethics committee approval because</i>	It was a retrospective chart review of our clinics patients.
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes