

## ANALYSIS OF RECURRENT CASES AFTER SURGERY FOR PELVIC ORGAN PROLAPSE DURING 5 YEARS

### Hypothesis / aims of study

Recently, surgical treatment for pelvic organ prolapse (POP) is improving and tension free vaginal mesh (TVM) operation has become popular in the world. It is reported that the recurrence rate after performing TVM operation was less than that after conventional operations. However, the recurrent cases are present in definite proportions even by the experienced surgeons. In this study, we reviewed our recurrent POP cases who underwent surgical treatment to evaluate efficacy of POP surgery.

### Study design, materials and methods

407 patients were received POP surgery from January 2005 to December 2009 in our hospital. Transvaginal hysterectomy (TVH)+colporrhaphy+bladder neck suspension (n=32), TVH+McCall culdeplasty (n=20), AP (anterior and posterior)-TVM (n=210), A-TVM (n=126), P-TVM (n=27) and C (complete)-TVM (n=12) were performed. All patients were followed at 1, 3, 6, 12 months after surgery to check symptoms and pelvic examination to evaluate the recurrence. We determined "recurrence" if a patient presents POP worse than POP-Q 2nd degree.

### Results

17 cases presented "recurrence" who received AP-TVM (n=11), A-TVM (n=4), P-TVM (n=1) and TVH+McCall culdeplasty (n=1). Among 11 cases after AP-TVM, 9 and 2 cases presented uterine prolapse and cystocele, respectively. 2 cases underwent TVH+McCall culdeplasty due to uterine prolapse. 4 cases after A-TVM underwent TVH+McCall culdeplasty (n=2) and P-TVM (n=2). Both 2 cases after P-TVM and TVH+McCall culdeplasty presented cystocele without reoperation.

The mean recurrent point was 5.7 months after the first surgery. 3 cases presented recurrence within 1 month and all cases had a recurrence within 1 year.

### Interpretation of results

Non mesh operation (TVH+colporrhaphy+bladder neck suspension and TVH+McCall culdeplasty) is presumed to be reliable operations with few recurrences. In contrast, the recurrent cases after TVM operation tended to present uterine prolapse. It means that TVM is good at supporting the level 2 of pelvic floor but not good at supporting the level 1. In addition, especially A-TVM can not support level 1 sufficiently and all recurrent cases after A-TVM required reoperation.

### Concluding message

Both non mesh operation and TVM operation are sufficient surgical therapy for POP patients. It is very important to select the suitable operative procedure for each patient.

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<b><i>Is this a clinical trial?</i></b>	<b>Yes</b>
<b><i>Is this study registered in a public clinical trials registry?</i></b>	<b>No</b>
<b><i>Is this a Randomised Controlled Trial (RCT)?</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>No</b>
<b><i>This study did not require ethics committee approval because</i></b>	<b>any personal informations or photograph do not appear in this presentation. This study is consisted with accumulative data.</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>