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PELVIC RECONSTRUCTIVE SURGERY IN OCTOGENARIANS

Hypothesis / aims of study
Although the use of transobturator mesh implants for pelvic organ prolapse repair has been shown to be safe and effective, little data exist on their efficacy and appreciation in elderly women. This report describes our experience with pelvic reconstructive surgery in women with ages around or above 80 years.
Study design, materials and methods
Prospective non-randomised study including 32 female patients aged over 80 years with pelvic organ prolapse with or without stress urinary incontinence. Transvaginal anterior or posterior wall repair using transobturator mesh implants and concomitant transobturator sling procedure. Intra- and postoperative outcome data, POP-Q measurements, PAD-count, and quality of life measurements were recorded prospectively. Patients were followed for up to 12 months.
Results
Mean age at surgery was 82.8±3.1 years. A total of 15 anterior repairs, 8 posterior repairs and 9 posterior and anterior repairs were performed using transobturator mesh implants. Concomitant synthetic mid-urethral transobturator sling procedure was performed in 28 women (82%). Mean operating time was 47.2±22.3 minutes, and the mean hospitalization period was 5.9±1.6 days. There were no systemic complications related to anaesthesia or surgery. Two patients required intraoperative bladder suturing due to iatrogenic bladder lesion. There were no rectal injuries, no bleeding necessitating transfusion, voiding dysfunction or erosions of synthetic implants. Pelvic floor testing at 24 months postoperatively showed 13% of the patients presenting with stage II vaginal wall prolapse. Further, quality of life parameters, as measured by SF-36 questionnaire, were improved compared to baseline values.
Concluding message
Results of our study demonstrate that pelvic reconstructive surgery using mesh implants is feasible for management of pelvic organ prolapse in patients over 80 years of age and results in improvement of quality of life. However, special caution should be paid to risks and benefits of such surgery in this patient population.

Specify source of funding or grant	**None**
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 ethics committee approval because	**Part of routine clinical management**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**