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COMPARING THE TWO YEAR'S PERI-OPERATIVE OUTCOME POST GYNECARE PROLIFT(SYSTEM IN PELVIC ORGAN PROLAPSE (POP) SURGERIES PERFORMED IN 2006 AND 2007

Hypothesis / aims of study

There is a lifetime prevalence risk of 30 – 50% of pelvic organ prolapse (POP) in women, affecting 50% of parous women over 50 years of age (1), with a risk of re-operation of 29% from failed first corrective surgery (2). This allows the mesh incorporation into pelvic reconstructive surgeries to gain popularity. The use of synthetic materials vaginally enhances better long-term functional results and increases the durability of the repair. The aim of this study is to evaluate the two years surgical outcome of patients operated in 2006 and 2007.

Study design, materials and methods

This was a retrospective, non-funded review of all patients who had the Gynecare Prolift® mesh repair surgery from January 1st. 2006 till 31st. December 2007 in the Department of Urogynaecology. All patients were followed up to two years post-operatively.

Results

There were a total of 169 patients; 95 patients in 2006 and 74 patients in 2007. Of this sum of patients, 76, 82 and 11 patients had Total, Anterior and Posterior Prolift® respectively.

Interpretation of results

Intra-operatively, the incidence of haematoma in 2007 was lower than in 2006 although this was not statistically significant (1.4% vs 5.3%; p = 0.23). Operative blood loss of greater than 1000ml and blood transfusion were also lower in 2007 as compared to 2006 and were not statistically significant (1.4% vs 4.2%and 2.7% vs 5.3%; p = 0.39 and 0.47). There was one case of rectal perforation in 2007 (1.4%).

Post-operatively, incidence of thigh and buttock pain was statistically lower in 2007 as compared to 2006 (16.2% vs 29.5% and 8.1% vs 21.1%; p = 0.05 and 0.03). However, the incidence of fever, UTI and IDC of more than seven days did not reveal differences that were statistically significant.

As for the late complications at two years by the type of Prolift®, the mesh erosion rate was equal for both Total and Anterior Prolifts (17.2% and 14.5%) and lower in Posterior Prolift®. Two patients of Total Prolift were re-operated for mesh erosion with vaginal pain, both requiring mesh excision under anaesthesia.

Only 138 patients (81.6%) were available for review at two years. Nine patients (6.5%) had recurrent cysto-urethroceles; two patients (1.4%) had recurrent vault prolapse and two patients (1.4%) had recurrent uterine descent out of nine patients who had Total Prolift® and uterine conservation surgery.

The subjective and objective cure rates at two years after Prolift® surgery in 2006 and 2007 were 98.7% and 89.6% and 100% and 91.8%.

Concluding message

It is evident that at two years, patient' s are still satisfied with the surgical outcome and the need to incorporate synthetic mesh into pelvic reconstructive surgery becomes more reassuring. The favourable surgical outcome was also partly contributed by the experience and the learning curve of the pelvic surgeon who solely operated on all of these patients.

References

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Is this a Randomised Controlled Trial (RCT)?	**No**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**Yes**
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Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**