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PATIENT SATISFACTION AFTER PROLIFT ® MESH REPAIR FOR PELVIC ORGAN PROLAPSE.

Hypothesis / aims of study

Prolift® mesh repair is a new technique for pelvic organ prolapse (1). Although a number of studies described its safety and effectiveness and shown significant improvement in quality of life assessment (2), little work has been carried out regarding patient satisfaction. One study reported patient satisfaction 6 months after anterior and/or posterior Prolift® mesh repair, using a five point scale; much improved, improved, no change, worse and much worse (3).
The aim of this study was to assess patient satisfaction after Prolift ® mesh repair for pelvic organ prolapse.

Study design, materials and methods

This was a retrospective follow up of all patients who had Prolift® mesh repair for pelvic organ at a tertiary unit. Their data were obtained from hospital notes and a telephone interview was carried out to check subjective outcome. A ten point scale (1-10, 10 being the best) was used to assess satisfaction.

Results

A total of 600 cases had Prolift® mesh repair since introducing this technique in January 2005 till January 2009 and all notes were available. Of these 600 patients, 485 (80.8%) were interviewed over the phone. Background and operative features of all patients, alongside the P value for any difference between those who were available for telephone interview and those who were not, are shown in table 1. Those who were not contacted by phone included a significantly higher proportion of those who had previous prolapse surgery than those who were contacted. A total of 478 gave their satisfaction score with a median of 8 and inter-quartile range of 7-9. The association between patient satisfaction and other patient features is shown in table 2. Having had a previous hysterectomy or complications, recurrence and/or operative re-intervention had a significantly negative effect on patient satisfaction whereas having a hysterectomy at the time of Prolift® mesh repair had a significantly positive effect on patient satisfaction. Simultanous anterior and posterior Prolift® mesh repair tended to have the highest patient satisfaction followed by total Prolift® mesh repair, then anterior Prolift® mesh repair leaving posterior Prolift® mesh repair to have the lowest patient satisfaction in this cohort.

Interpretation of results

This retrospective unselected cohort of patients was reasonably satisfied with Prolift® mesh repair, with 3 in 4 patients rating it as 7 or more out of 10. This good patient satisfaction matches the safety and effectiveness of the technique reported in the literature. Although a number of factors were significantly associated with lower patient satisfaction, they can be all traced to complications and/or failure, which manifest in repeat surgical intervention. It is possible that addressing all pelvic floor defects, anterior, middle and posterior. The fact that having a concomitant hysterectomy as well as performing anterior and posterior Prolift® mesh repair at the same time might be better than total Prolift® mesh repair is notable, though one must remember that those having uterine prolapse, necessitating vaginal hysterectomy at the same time, and those having vault prolapse, where total Prolift® is an option, is notable, and possibly highlights the challenge of addressing post-hysterectomy vaginal vault prolapse.

The study was a retrospective one that included an unselected cohort from a unit with high work load and significant experience in the technique. These limitations should be born in mind when looking at the results shown here.

Concluding message

Prolift® mesh repair is associated with good patient satisfaction that is in turn related to the safety and effectiveness of the technique in improving pelvic organ prolapse, and its associated symptoms.

Feature / Description test	**Result**	**P value (test)**
Age (years) / Median [inter-quartile range]	63 [57-72]	P >0.05 (Mann Whitney)
Parity / Median [inter-quartile range]	3 [2-3]	P >0.05 (Mann Whitney)
Previous vaginal delivery / No. (%)	429 (71.5%)	P >0.05 (X^2)
Previous hysterectomy / No. (%)	132 (22%)	P 0.05 (X^2)
Previous prolapse surgery / No. (%)	117 (19.5%)	**P <0.05** (X^2)
Previous continence surgery / No. (%)	85 (14.2%)	P >0.05 (X^2)
Type of prolift ® mesh used / No. (%) - Anterior - Posterior - Anterior and posterior - Total	 - 56 (9.3%) - 116 (19.3%) - 353 (58.3%) - 75 (12.5%)	P >0.05 (Mann Whitney)
Concomitant surgery / No. (%)	286 (47.75)	P >0.05 (X^2)

- Prolapse - Continence - Hysterectomy	- 80 (13.3%) - 214 (35.7%) - 52 (8.7%)	- P >0.05 (X^2) - P >0.05 (X^2) - P >0.05 (X^2)
Complications / No. (%) - Visceral injuries - Bleeding / haematoma - Mesh erosion - Vaginal adhesions	 - 4 (0.7%) - 5 (0.8%) - 18 (3%) - 2 (0.3%)	P >0.05 (Fischer's exact)
Recurrence / No. (%)	- 57 (9.5%)	P >0.05 (Fischer's exact)
Surgical re-intervention / No. (%)	- 71 (11.7%)	P >0.05 (Fischer's exact)

Table 1: Background, operative and post-operative features of the cohort and comparison between those who were available for telephone interview and those who were not.

Feature	**P value (Mann Whitney Test)**
Age (years)	P >0.05
Parity	P >0.05
Previous hysterectomy	**P <0.01**
Previous prolapse surgery	P >0.05
Previous continence surgery	P >0.05
Type of prolift ® mesh used	**P <0.01**
Concomitant surgery - Prolapse - Continence - Hysterectomy	 - P >0.05 - P >0.05 - **P <0.05**
Complications	**P <0.01**
Follow up duration	P >0.05
Recurrence	**P <0.01**
Surgical re-intervention	**P <0.01**

Table 2: Association between patient satisfaction and background, operative and post-operative features.

References

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Is this a clinical trial?	**Yes**
Is this study registered in a public clinical trials registry?	**No**
Is this a Randomised Controlled Trial (RCT)?	**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	**Retrospective study into patient satisfaction with procedures carried out in day to day practice.**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**