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# CLINICAL AUDIT ON SURGICAL OUTCOMES OF VAGINAL WALL PROLAPSE REPAIR USING MESH

Hypothesis / aims of study

Pelvic organ prolapse is a very common indication for surgery. The lifetime risk of surgical intervention for prolapse is around 11%. However, surgery has significant failure rate and is associated with recurrence in the long term of around 25-30% [(1).] The aim of using mesh in prolapse surgery is to provide additional support and reduce the risk of recurrent prolapse.

The aim of our audit was to assess the surgical outcomes and short term success rates with the use of mesh in pelvic organ prolapse.

Study design, materials and methods

Our audit was registered with our audit department. The Governance Unit of the hospital was also notified of the introduction of this new procedure. It was a retrospective audit from April 2009 to Sept 2009. All patients who presented to our gynaecology clinic with pelvic organ prolapse wishing surgery were offered both traditional surgery and Prolift Mesh repair as outlined by the National Institute of Clinical Excellence (NICE) in the United Kingdom All patients who had vaginal wall prolapse mesh repair were identified from the theatre register during the audit period. All the case notes were reviewed and data entered on data collection proforma designed by the National Institute of Clinical Excellence (NICE) in the United Kingdom

Results

We carried out 31 prolift mesh repairs during the audit period. 26 case notes could be retrieved and reviewed.

Interpretation of results

All 26 patients were Caucasians with more than half in the age range of 50-70 yrs. Written consent was obtained in 100% prior to surgery but there was no documentation of written information being given to patients and surgical complications prior to surgery in all patients. 77% of patients had clinical staging of prolapse using Baden Walker prior to surgery as the remaining patients had their surgery performed by a general Gynaecologist. 100% of patients had their symptoms at baseline and type of symptoms documented. 42% of patients had prolapse in the same area previously and in 30% of patients, it was the first ever prolapse. 92% of patients had prolift mesh repair and the remaining 8% had Gynecare mesh. Both were synthetic non absorbable meshes. 58% of patients had vaginal insertion of mesh and the remaining had mesh inlay application. There were no intra-operative complications and a case of mesh erosion (3.8%) and urinary retention requiring ICSI within 30 days of surgery. At 6 weeks follow-up following surgery, 92% (24/26) of patients were symptom free, 1 patient moved home and 1 did not attend follow-up thrice.

Concluding message

Our audit showed excellent short term cure rates and low morbidity rates with use of mesh, however it is important to balance the benefits and risks in any individual woman as surgical techniques need to be altered to improve the success rate and enhance quality of life. We plan to do a larger audit to assess the morbidity rates and also long term outcomes.

References

1. Devaseelan P, Fogarthy P. The role of synthetic mesh in the treatment of pelvic organ prolapse

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| ***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*** | **Got approval from the hospital audit department and clinical governance unit.** |
| ***Was the Declaration of Helsinki followed?*** | **Yes** |
| ***Was informed consent obtained from the patients?*** | **Yes** |