REVIEW OF TWO NEWS SURGICAL TECHNIQUES: TRANSOBTURATORY AND TRANSPERINEAL, FOR TREATMENT OF PELVIC ORGAN PROLAPSE.

OBJECTIVE:
The high amount of recurrences of POP surgery using classical techniques had as result the out coming of supporting material: polipropilene meshes. The last generation of them are transobturator and transperineal mesh. The objective of this assay is to evaluate the use of a transobturator mesh for cystocele repair and a transperineal one for medium prolapse and posterior prolapse.

Material
35 patients were operated on POP grade III (Baden-Walker classification). The different defects on pelvic floor were treated according to the location and the existence of SUI: perigee®±apogee®±monarc®. The mean age was 61.76 years, with a medium of 2.48 children per patient. Before the operation 17 patients had SUI (48.6%), 13 urgency (37.14%), 35 women anterior vaginal wall prolapse (100%), and 23 medium and posterior vaginal wall prolapse (65.7%). A ten visual analogue satisfaction score (VAS). (From 0= no satisfaction to 10= total satisfaction) was fulfilled by an external interviewer. The final number of vaginal prosthesis was 76.

RESULTS
The mean follow up is 10 months (4-20). Early complications were: Pelvic haematoma treated with extrapertoneal laparotomy, and one vaginal haematoma, drained spontaneously. We had 4 vaginal erosions: 2 on the anterior vaginal wall (5.2%), the same patients with the haematoma; and 2 on the posterior vaginal wall. All of them have been treated conservatively with vaginal oestrogenotherapy. After surgery 7 patients had SUI: 5 de novo incontinence (27.7%) and 2 recurrent stress in continence (11.8%). 13 patients had urgency previously: 11 (84.6%) were cured, and 2 patients have again urgency (15.4%). We realized urgency de novo in 3 patients (13.6%). The visual analogue satisfaction score mean (VAS) was 7.9. We observed recurrent cystocele in 6 patients: 2GIII, 3GII, an 1 GI; medium vaginal prolapse wall in 6 patients: 1GI, 4GII and 1 GIII; and rectocele in 7 patients: 2GI, 3GII, and 2 GIII.

CONCLUSION
The use of transobturator and transperineal meshes for urogenital prolapse treatment has good functional results with a low morbidity. Although it is necessary a longer follows up and comparative studies with the classic surgical procedure.