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CYSTOCELE AND STRESS URINARY INCONTINENCE: SIMULTANEOUS REPAIR (SIM-PAIR) BY A MODIFIED SURGICAL TECHNIQUE USING TRANSOBTURATOR MESH. A PROSPECTIVE STUDY.

Introduction:
Cystocele and Stress Urinary Incontinence often coexist and usually managed separately. The individual management of these 2 conditions have undergone major changes over the past decade with the advent of mesh usage in pelvic reconstructive surgery. However, there is no general consensus regarding the management of these 2 conditions when they occur concomitantly. The aim of this prospective study is to evaluate the safety and efficacy of a surgical technique using one transobturator mesh to simultaneously repair (Sim-Pair) cystocele and SUI in a single operating time.
Methods:
Patients with symptomatic POP-Q stage 2 cystocele or more and stress urinary incontinence (SUI), both revealed and occult, were recruited. All patients underwent POP-Q assessment, urodynamics and completed 2 validated questionnaires, King's P-QOL and PISQ 12 preoperatively and at 3 months post operatively. At 6 months, a patient satisfaction score was obtained and a POP-Q assessment done. The transobturator mesh used in this study, Perigee^{TM,} placing the superior arms of this mesh at the level of the bladder neck is the usual practice in the surgical management of cystocele. In this study, the superior arms were placed at the level of the mid-urethra with the hypothesis that such positioning will provide the same level of support as other transobturator slings like Monarc^{TM} or TVT-O.
Results:
A total of 25 patients underwent surgery and 24 patients attended the follow up. At 3 months follow up, the objective cure rate by urodynamics was 56.5% with the subjective cure rate of 79.1%. One patient has had paraurethral bulking agent since then. The recurrence rate of stage 2 cystocele at 3 months was 16.6% with Ba=-1. None of them were symptomatic. There was no life threatening complications. One patient went back to OT for a suspected haematoma, failed trial of void and subsequently had mesh exposure requiring excision under general anaesthesia. Two other patients also failed TOV on the day of surgery but passed the next day. There was a statistically significant difference in the prolapse impact and role limitations including physical and social limitations when the King's P-QOL questionnaire was analysed.

Conclusion:
Though the placement of the superior part of the transobturator mesh at the mid urethra appears to help with the concurrent treatment of SUI and cystocele, the early results are less than promising and a 2 year follow up will need to be completed to study the medium term consequences.

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Is this study registered in a public clinical trials registry?	**Yes**
Specify Name of Public Registry, Registration Number	**The Australian and New Zealand Clinical Trials Registry Registration number ACTRN 12608000596303**
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**
Specify Name of Ethics Committee	**Townsville Health Service Human Research Ethics Committee (31/08)**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**