

INCIDENCE OF DETRUSOR OVERACTIVITY AFTER CORRECTION OF PELVIC ORGAN PROLAPSE WITH POLIPROPILENE MESH (PROLIFT®)

Hypothesis / aims of study

To determine whether vaginal surgery to correct pelvic organ prolapse (POP) with polypropylene mesh (Gynecare Prolift®, Ethicon, Somerville, NJ, USA) produces detrusor overactivity (DO) in the postoperative period.

Study design, materials and methods

Between January 2007 and February 2010, twenty-four patients (mean age 69 years: 49-85) with POP underwent transvaginal pelvic floor repair with Prolift mesh. Six cases (25%) were suitable for anterior vaginal mesh and 18 cases (75%) for total Prolift. Clinical evaluation, grading of prolapse according to Baden-Walker classification and urodynamics were assessed before and after the surgery. Variables studied are the presence of DO, maximum cystometric capacity, bladder compliance, bladder outlet obstruction (BOO), that are analyzed by Student t-test or Wilcoxon signed rank test.

Results

After a mean follow up of 32 months (12-50) one patient (4%) developed de novo-DO. We observed disappearance of DO in 5 patients (50%) of the 10 who had it before the surgery. No statistically significant changes were observed in maximum cystometric capacity, bladder compliance, maximum flow rate or urethral resistance. There was no evidence of BOO after surgery. BOO disappeared in 5 of the 6 patients who were obstructed before surgery.

Interpretation of results

De novo DO rate in our series is similar to that shown by other pelvic surgeries. BOO was not related with de novo DO onset in this series.

Concluding message

Transvaginal POP repair with Prolift polipropilene mesh does not seem to produce new onset or worsening of DO. Moreover, DO is resolved after the surgery in a significant proportion of patients who had it preoperatively.

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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 | Consists of an evaluation of the standard protocol of managing this pathology. |
| Was the Declaration of Helsinki followed? | Yes |
| Was informed consent obtained from the patients? | Yes |