

## MEDIUM TERM ANATOMIC OUTCOMES AFTER TRANSVAGINAL MESH REPAIR

### Hypothesis / aims of study

The aim of our study was to report anatomic outcomes at 2 years in patients who underwent transvaginal mesh repair (Prolift™) for pelvic organ prolapse (POP).

### Study design, materials and methods

We prospectively identified 77 patients with prolapse in the urogynaecology clinic who subsequently underwent transvaginal repair with Prolift™ between April 2005 and March 2008. Of the original cohort of 77 patients, 62 were seen at the 2 year follow-up visit. A further 2 patients declined examination and so were excluded from our study. For these 60 patients, symptoms at 2 years were reviewed. They also underwent POP-Q scoring and were evaluated for mesh exposure. Statistical analysis was done using paired t-tests and Fisher two tailed exact test.

### Results

Median follow-up was 29 months, and mean age was 57.5 years. There were significant improvements in the POP-Q measurements of point C/D and the leading edge of the prolapse/most dependent part of the vagina ( $p < 0.001$ ). Overall anatomic success rate was 85%. Mesh exposure was seen in 15% of patients and there was recurrent prolapse in 10%.

### Interpretation of results

Our overall anatomic success rate was 85 % at 2 years. Point C/D and the most dependent part of the vagina were also significantly elevated at 2 years. These findings suggest that anatomical cure with vaginal mesh repair is maintained over a reasonable period of time; however longer term follow-up studies would be needed to confirm this.

Mesh exposure was noted in 9 patients (15%) through the entire study period. 5 cases were evident by the two year follow-up visit (8.33%); 4 cases were detected after 2 years. Interestingly, earlier reports with shorter follow-ups have reported lower mesh erosion rates. Fatton et al reported rates of 4.7% at 3 month follow-up [1] while de Tayrac et al reported rates of 6.3% at 10 month follow-up [2]. This increase in mesh erosion rate with time highlights the need for longer term follow-up in these patients.

### Concluding message

Women undergoing the Prolift™ procedure have a good anatomical success rate over the medium term. The higher mesh erosion rates seen in our study emphasises the need for long term follow-up in these patients.

### References

1. Fattouh B, Amblard J, Debodinance P, Cosson M, Jacquelin B (2007) Transvaginal repair of genital prolapse: preliminary results of a new tension-free vaginal mesh (Prolift® technique) a case series multicentric study. Int Urogynecol J Pelvic Floor Dysfunct 18:743-752
2. de Tayrac R, Devoldere G, Renaudie J, Villard P, Guilbaud O, Eglin G (2007) Prolapse repair by vaginal route using a new protected low-weight polypropylene mesh: 1 -year functional and anatomical outcome in a prospective multicentre study. Int Urogynecol J Pelvic Floor Dysfunct 18: 251-256

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<b>Is this a clinical trial?</b>	<b>No</b>
<b>What were the subjects in the study?</b>	<b>HUMAN</b>
<b>Was this study approved by an ethics committee?</b>	<b>No</b>
<b>This study did not require ethics committee approval because</b>	<b>Observational study evaluating a treatment method</b>
<b>Was the Declaration of Helsinki followed?</b>	<b>Yes</b>
<b>Was informed consent obtained from the patients?</b>	<b>Yes</b>