

TRANSVAGINAL SACROCOLPOPEXY. IS IT NECESSARY TO ASSOCIATE INCONTINENCE SURGERY?

Hypothesis / aims of study

Prophylactic concomitant systematic treatment of urinary incontinence in women with cystocele and without stress urinary incontinence (SUI) is controversial.

The aims of the study are to evaluate the efficacy of Elevate® mesh in anterior compartment prolapse correction and to identify the occurrence of de novo SUI after surgery.

Study design, materials and methods

Prospective study of 24 patients who underwent surgery between 2010 and 2013 by sacrocolpopexy with Elevate mesh, associating tension-free transobturator tape (TOT) mid-urethral sling (TOT) only in cases with associated urinary incontinence.

All patients were studied by anamnesis (A), physical examination (PE.), voiding cystourethrography (VCUG) and urodynamic study (UDS).

Follow-up was performed one month after surgery (A, PE. and VCUG) after 6 months (A and PE.) and annually (A and PE.).

Definitions used:

Sacrocolpopexy: Cure rate was defined as complete correction of cystocele or grade 1 cystocele on physical examination and the VCUG. Improvement as decreased cystocele on physical examination and/or VCUG in terms of the degree of pretreatment cystocele.

TOT: Cure rate was defined as no pad use, improvement as use \leq 1 pad per day.

Results

Average age 70.9 years (SD:6.63). The median follow-up was 12.7 months (SD:6.89). 70.83% (17/24) of the patients had cystocele grade 2, 29.16% (7/24) grade 3.

Out of the 24 patients, 16 had cystocele without incontinence, 5 of them associated SUI, and only 3 patients had cystocele with mixed urinary incontinence (MUI).

The performance results and complications of surgery and the occurrence of SUI after corrective prolapsed surgery are summarized in the following table.

The median stay in hospital was 2 days.

Group	N	Correction of anterior compartment prolapse. N: (%)	Correction of SUI. N (%).	de Novo SUI. N (%)	Intraoperative complications N (%)	Postoperative complications N (%)
Elevate®	16	Success: 15: (93.75%) Improvement: 1: (6.25%)	—	5: (31.25%)	0	Total: 7/16 (43.75%) UTI: 5: (31.3%) Hematoma: 1: (6.3%)

						Urgency: 1: (6.3%)
Elevate ® + TOT	8	Success: 8: (100%)	Success: 7: (87.5%) Improvement: 1: (12.5%)	—	Hemorrhage: 1: (12.5%). Bladder perforation: 1: (12.5%).	Total: 5/8 (62.5%) UTI: 1(12.5%) Extrusion: 1: (12.5%) Urgency: 3: (37.5%)

UTI: Urinary tract infection. MUI: Mixed urinary incontinence SUI: Stress urinary incontinence.

Interpretation of results

Patients with de novo SUI resolved with pelvic floor rehabilitation. Associate TOT did not increase the number of days of hospitalization.

There were not statistically significant difference in the complication rate between both groups.

Most of the complications were minor grade (Clavien \leq 2)

Concluding message

The use of Elevate ® mesh was an effective method for treating anterior compartment prolapse. In our series, the systematic placement of TOT would have created an overtreatment of 68.75% of the patients.

Disclosures

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