

THE EFFICACY AND SAFETY OF PROLIFT® FOR ANTERIOR VAGINAL WALL PROLAPSE REPAIR: 2 YEARS FOLLOW UP

Hypothesis / aims of study

Pelvic organ prolapse occurs when the tissues that hold the pelvic organs in place become weak or stretched. Surgical mesh is a medical device that is generally used to repair weakened or damaged tissue. In urological procedures, surgical mesh is permanently implanted to reinforce the weakened vaginal wall to repair pelvic organ prolapse. The aim of this study is to investigate the efficacy and safety of Prolift® for anterior vaginal wall prolapse repair.

Study design, materials and methods

Twenty seven patients who had anterior vaginal wall prolapse more than stage II according to POP-Q system underwent anterior vaginal wall repairs using Prolift® and followed up for 2 years. Among these patients, 14 patients had stress incontinence. Patients with stress urinary incontinence were underwent mid urethral sling operation with TVT® concomitantly. After 2 years, surgical outcome was evaluated. Cure, improve and fail were defined as stage 0, I, II or more according to POP-Q stage system. Symptom and QOL of patients were evaluated with Pelvic Floor Distress Inventory (PFDI) score and Urinary Distress Inventory (UDI) score. Complications were also evaluated.

Results

The mean age of patients was 59.65±8.35 years old. After 2 years, operative outcomes (cure, improve and fail) were 21 patients (77.8%), 5 patients (18.5) and 1 patient (3.7%), respectively. On PFDI score, there were significant improvements in UDI score (preop. 110.3 vs. postop. 62.4, p=0.005). Intraoperative complications and postoperative complications including vaginal erosions were not observed.

Interpretation of results

After repair of anterior pelvic organ prolapse using Prolift®, most of patients corrected their descent of anterior compartment. Outcomes of surgery was success in 26 patients. Their symptoms of pelvic organ prolapsed was significantly improved compared with preoperative status. There was no patient with vaginal or bladder erosion, after 2 years of operation.

Concluding message

Anterior vaginal wall prolapsed repair using Prolift® is safe and effective procedure. And it has low complication rates and high success rates.

Table 1. Results of 2 years follow up after cystocele repair with Prolift®

	Cure (%)	Improve (%)	Fail (%)	Total
Number of patients	21 (77.8%)	5 (18.5%)	1 (3.7%)	27 (100%)

Table 2. Pelvic Floor Distress Inventory score change between pre and post operation

	Pre operation	Post operation	p-value
UDI score	110.3	63.2	0.013
POPDI score	104.9	62.4	0.005
CRADI score	69.3	65.8	0.855

UDI: urinary distress inventory, POPDI: pelvic organ distress inventory, CRADI: colo-rectal-anal distress inventory

Disclosures

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