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LONG TERM RESULTS OF UTERINE PRESERVATION IN CASES OF UTERINE PROLAPSE WITH SINGLE INCISION VAGINAL MESH: A RETROSPECTIVE CASE SERIES

Hypothesis / aims of study

Pelvic organ prolapse (POP) is a common disorder which can greatly impact quality of life. This problem is estimated in about 11-19% of all women. Until the beginning of the 21st century, the accepted conservative treatment included hysterectomy. Since then, new methods of repairing POP with mesh and with uterine preservation were introduced.

In our center, the protocol for POP repair does not include hysterectomy unless there are risks for cancer or patient's request. Uterine preservation options and alternatives are discussed with every patient. The EndoFast Reliant system (Allium-IBI, Israel) is a vaginal mesh kit for single incision POP repair. The posterior kit is designed for uterine or vault prolapse with or without rectocele and the fixation of the mesh is to the Sacro Spinous (SS) ligament with metallic spider fastener.

The aim of the study was to evaluate the outcomes of uterine preservation in cases of uterine prolapse with the EndoFast system.

Study design, materials and methods

This is a descriptive, retrospective case series study. The study included all patients with advanced prolapse including uterine prolpase, which were operated between October 2010 and March 2013 and reached 6 month of follow-up. All patients included in the study had a posterior repair with the EndoFast system with or without additional anterior repair while preserving the uterus. Patients were followed after 6 weeks, 6 months, 1 year post-operative and once a year since. Data collected included at pre-op visit: demographic features, patient's symptoms and POP-Q, intra and post –op complications and at follow-up: symptoms and POP-Q. Recurrence of prolapse was considered as any symptomatic bulge or bulge beyond the hymen.

Results

136 patients with POP were treated with the EndoFast system. 94 out of 136 patients had uterine prolapse. 21 patients had hysterectomy with BSO due to risk for uterine cancer (10), ovarian mass (6) and patient's request (5). 73 patients had posterior repair with uterine preservation. 6 patients were lost for follow-up and 66 patients with uterine prolapse which had posterior repair with the EndoFast system while preserving the uterus and reached 6 months follow-up were included in the study. Mean age was 61 (range 43-82), mean parity 4.31 (range 1-12), mean BMI 27.9 (range 19.1-37.8). Mean follow-up was 22 months (range 6-42). 5 patients had 2nd degree symptomatic POP, 57 patients had 3rd degree, and 4 had 4th degree. All women had at least 2nd degree uterine prolapse with mean point C at +1.3 (range (-1) - +8). 51 patients (77%) had additional cystocele which was corrected with additional anterior mesh.

There were no intra-operative complications, nor major post-operative complications. Success rate regarding uterine prolapse was 92% (61/66) with mean point C at -8 (range (-1)-(-9)). 4 women (6%) had recurrence of uterine prolapse within the first 6 months and one patient had isolated elongation of uterine cervix without uterine prolapse. 2 cases (3%) of small erosions in the anterior mesh, less than 5 mm were observed and treated locally with estrogen. Consistent pain or dyspareunia were not observed.

Interpretation of results

With mean follow-up of 22 months, uterine preservations with the single incision EndoFast system was found to be a safe procedure, resulting with good anatomical correction and long vagina without major complications. No cases of consistent pain or dyspareunia were observed.

Concluding message

We recommend that uterine preservation should be discussed with any patient before POP repair to reduce unnecessary hysterectomy rate and avoid short and long term hysterectomy's complications.

Disclosures

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