COMPARISON OF CLINICAL OUTCOME AND URODYNAMIC FINDINGS USING “PERIGEE” VERSUS “ELEVATE ANTERIOR” SYSTEM DEVICES FOR THE TREATMENT OF PELVIC ORGAN PROLAPSE

Hypothesis / aims of study
This study aims to compare clinical outcomes using the Perigee ® vs. Elevate® anterior devices for the treatment of pelvic organ prolapse (POP).

Study design, materials and methods
One hundred and forty-one women with POP stages II to IV were scheduled for either Perigee ® (n=91) or Elevate® anterior device (n=50). Preoperative and postoperative assessments included pelvic examination, urodynamic study, and a personal interview about quality of life and urinary symptoms.

Results
Despite postoperative point C of Elevate group being significantly deeper than the Perigee group (P<0.01), the 1-year success rates for two groups were comparable (P>0.05). Apart from urgency incontinence, women with advanced POP experienced significant resolution of irritating and obstructive symptoms after both procedures (P<0.05), generating the improvement in postoperative scores of Urogenital Distress Inventory (UDI-6) and Incontinence Impact Questionnaire (IIQ-7) (P<0.01). As for urodynamic parameters, only the residual urine decreased significantly following these two procedures (P<0.05). Comparisons of all intra- and postoperative complications revealed no significant differences between the two groups (P>0.05). However, women undergoing Perigee mesh experienced significantly higher visual analogue scale (VAS) scores and vaginal erosion rates compared with the Elevate anterior procedure (P<0.05).

Interpretation of results
Although the Elevate anterior mesh created a deeper anatomical position of cervix or vaginal cuff, it did not have a greater impact on functional outcome.

Concluding message
With comparable success rates, the Elevate procedure has advantages over the Perigee surgery with lower erosion rate and postoperative day1 VAS scores.

Disclosures
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