

## 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

**Funding:** The authors appreciate that this study was supported by the grants from Kaohsiung Municipal Hsiao Kang Hospital (kmhk-98-0330). **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** Ethics approval by the Institutional Review Board of Kaohsiung Municipal Hsiao-Kang hospital. **Helsinki:** Yes **Informed Consent:** Yes