

EVALUATION OF ADOPTION AND ADHERENCE TO PROPOSED MESH COMPLICATION TERMINOLOGY AT FIVE PROFESSIONAL SOCIETY MEETINGS

Hypothesis / aims of study

In 2011, the International Urogynecological Association (IUGA) and International Continence Society (ICS) proposed newly defined terms, in addition to a classification system, to describe complications of prostheses and grafts in female pelvic floor surgery.⁽¹⁾ Our objective is to evaluate adoption and adherence of this terminology.

Study design, materials and methods

Two reviewers independently read through all published abstracts presented at AUA, SUFU, ICS, IUGA and AUGS from 2010 through 2013. Abstracts were included if they dealt with incontinence or prolapse surgery involving prostheses or grafts. Male and animal/cadaver/bench model testing abstracts were excluded. Discordant data was evaluated separately by a third reviewer. Abstracts were then re-evaluated for the ICS/IUGA proposed terminology, specifically: *erosion, contraction, prominence, separation, exposure, extrusion, compromise, perforation, dehiscence, sinus tract formation*. Adherence was the use of proper ICS/IUGA terminology. Non-adherence was the use of "erosion". Hybrid adherence was the use of both. Statistics were performed using Fisher's exact two-tailed test.

Results

12 633 abstracts were reviewed. 1191 pertained to prostheses and grafts. 454 met inclusion criteria and used terminology related to the ICS/IUGA publication. Of these, 192 (42.3%) were adherent, 167 (36.8%) were non-adherent, 77(17.0%) were hybrid. Given the availability of the guideline since 2011, we then evaluated 2012 as the cutoff for adoption for the new terminology. After the publication of the guidelines, a significant decrease was seen in the abstracts utilizing the proposed terminology. (49.1% vs 40.5%, $p=0.006$). Although a higher proportion of abstracts (103/224, 46.0%) demonstrated adherence to proper terminology after the publication of the guidelines compared to prior (89/230, 38.7%), this was not statistically significant ($p=0.129$). There was no significant decrease in the proportion of hybrid abstracts after introduction of the guidelines (17.4% vs 16.5%, $p=0.901$). Programs from all five societies were then evaluated independently. They demonstrated a not statistically significant decrease in the proportion of non-adherent abstracts after 2012.

Interpretation of results

A minority of abstracts dealing with female pelvic medicine prostheses and grafts adhere to the proposed terminology published by the ICS/IUGA. There is no significant difference between adherence rates within each of the five societies suggesting that limited adoption is not just limited to professional societies outside of ICS/IUGA.

Concluding message

Although adherence seems to be improving, the value of proposed definitions and standards are questioned if they are not widely adopted.

References

1. Int Urogynecol J. 2011 Jan;22(1):3-15

Disclosures

Funding: None **Clinical Trial:** No **Subjects:** NONE