

PROSPECTIVE STUDY OF THE PERIGEE SYSTEM FOR THE MANAGEMENT OF CYSTOCELE – MEDIUM-TERM FOLLOW UP

Hypothesis / aims of study

Cystocele or anterior vaginal wall relaxation is one of the most commonly diagnosed pelvic organ prolapse in women. The goals of cystocele repair can be summarized as follows: to relieve patient symptoms, to improve or maintain urinary and sexual function, to restore the bladder and anterior vaginal wall to its anatomical position and to prevent the formation of new defects and recurrences, if possible. Traditionally, anterior colporrhaphy has been the surgical procedure of choice for cystocele repairs with success rates reported between 50% and 70%. The Perigee transobturator cystocele repair system (AMS) is a safe and effective procedure, minimally invasive with low morbidity. The objective of the study is to prospectively study the safety and efficacy of the Perigee system in the management of anterior vaginal wall prolapse.

Study design, materials and methods

96 patients who underwent surgery with the Perigee system between April 2006 and April 2012 were reviewed. The procedure was performed by a single surgeon at Urology department. Patients who consecutively presented to our office with a symptomatic stage 2 or above cystocele were given information about the Perigee mesh surgery. Those who consented were included in our study. The study involved the Patient Global Impression of Improvement before surgery and the first control a month, 12 months and 24 months after surgery. The cystocele was classified with the Pelvic Organ Prolapse Quantitation. The mean age was 62.75 years old, parity 2.24 and body mass index (BMI) 28.26. We evaluated the variables: age, BMI, parity, hysterectomy, ASA class and grade of prolapse.

Results

The mean operative time was 61.63 minutes with stay of 1.13 days. Functional results with a least follow up of 24 months, were successful in 80 (83.3%) patients. No intraoperative complications were observed in 87.5%, during hospitalization in 95.8% and after hospital discharge in 58.5% of the patients. No mortality was recorded. Genital discomfort was the most common complication.

Interpretation of results

In our series the Perigee system for the treatment of anterior vaginal wall prolapse showed good efficacy and safety results, low morbidity and no mortality and allows anatomic repair with less morbidity, hospital stay and recovery time. Surgeon experience is one of most important predictors of successful outcome. Determining factors of success were (statistical significance ($p < 0.05$)): young patients, low BMI, low parity and low grade of prolapse before surgery, absence of previous hysterectomy, ASA class 1-2.

Concluding message

Perigee system for the treatment of anterior vaginal wall prolapse is effective but not absent of complications. Only surgeons who have been properly trained in the use of this procedure should be performing this surgery. Candidates for the procedure must be carefully selected. Patients must be informed about the success rates and complications of the surgical procedure.

Disclosures

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