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REINFORCEMENT OF SUSPENSORY LIGAMENTS UNDER LOCAL ANESTHESIA CURES PELVIC ORGAN PROLAPSE-36 MONTH RESULTS.

Hypothesis / aims of study

In 2005, a new minimally invasive procedure, the Tissue Fixation System (TFS) was reported. Like the TVT (Tension Free Vaginal Tape), the TFS works by creating a foreign body collagenous tissue reaction which reinforces a weakened pelvic ligament by only tapes. We already reported 12 month results in 2013. In 2009, material of TFS tape was changed from type 3 to type1 mono-filament non-stretch polypropylene.

To assess the long term effectiveness and perioperative safety of new TFS in a day surgery clinic for the treatment of pelvic organ prolapse (POP).

Study design, materials and methods

The TFS tape was applied in a tunnel adjacent to natural ligaments to repair the anterior cervical ring and cardinal ligament, paravaginal tissues and uterosacral ligaments under local anesthesia/sedation.

We prospectively studied 126 patients, mean age 67±7.8, between May 2009 and December 2012 at Women's Clinic LUNA. Levels of POP were grade 2 (n=35) (28%), grade 3 (n=88) (69%), and grade 4 (n=3) (3%) according to the ICS POPQ classification. Follow up was performed at 36 months. We defined surgical failure according to the ICS POPQ classification. We used Prolapse Quality of Life (P-QOL) questions for QOL measurement.

Results

98% of patients were discharged on the same day as the surgery. The average number of tapes which were used per person was 2.5. (Median 3,Maximum 4,Minimum 1) Average operation time include local anesthesia was 79±20 minutes and average blood loss was 17±25cc.

114 patients(90%) could be followed up on 36 months. 106 cases(92%) were successful and 8 cases(8%) failed. 4 cases in the 8 failed cases were cured by reoperation within 12 months. We found no case of erosion in tape insertions. One patient with a hematoma was transferred to a neighbouring hospital for observation purposes only. There were 12 cases who complained bulging of another parts and were given additional tape grafting. The total number of patients who had no complications, no surgical failures, no erosions, no sensation of bulging, no cervical protrusions was 93 (81%).

Interpretation of results

The new TFS in a day surgery clinic is safety operation and effective for the treatment of pelvic organ prolapse (POP) for a long time.

Concluding message

The TFS uses the same surgical principle for repair as the TVT: This principle vastly minimizes volume of mesh used, erosions and other complications.

References

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