Background 1.
Since the FDA’s alert, the use of Prolift-type TVM has also declined and the use of minimal mesh repair as well as laparoscopic sacrocolpopexy (LSC) and native tissue repair (NTR) is on the increase in Japan.

Methods
- Patients who underwent POP surgery were retrospectively examined via chart review.
- Sexual function was evaluated twice per patient—once before the surgery and once more 6 months after the surgery, and we used Japanese version of the Female Sexual Function Index (FSFI). (J Sex Med 2011; 8:2246-54)
- Japanese version of the FSFI asked respondents about their sexual activities for the past 3 months, instead of the original 1 month.
- No vaginal intercourse: FSFI Q17=0
- No vaginal dyspareunia: FSFI Q17=0, 5
- No sexual dissatisfaction: FSFI Q16=3, 4, 5
- Because of the interview results, the estimated values (EV) supposing that non FSFI response was also calculated.

Concluding message
Though covering only the early postoperative period, this study leads us to believe that our minimal mesh transvaginal surgery is a preferred option for Japanese POP patients, as many Japanese patients have no inclination to have sexual activity due to low sexual desire.

Aim
To clarify the preoperative and postoperative sexual function of the Japanese patients who underwent transvaginal minimal mesh surgery.

Results
Subjects: Patients who underwent transvaginal minimal mesh surgery (N=230)

The FSFI collection rate

Vaginal intercourse rate, %
Before 72.8
After 6M 88.0

Vaginal dyspareunia rate, %

Sexual dissatisfaction rate, %

We made sure that all patients who did not fill out the form have no intercourse and did not see it as an issue in their sexual life from interview.

Subjects’ characteristics
Variable Mean±SD or %
Age 67.9 ± 7.4
BMI, kg/m2 23.7 ± 3.0
ASA risk 1.7 ± 0.5
Parity 2.2 ± 0.7
Prior hysterectomy 4.3 ± 1.6
Aa 2.3 ± 1.0
Ba 3.6 ± 1.6
C 2.8 ± 2.2
TVL 7.8 ± 0.9
Bp 2.7 ± 2.3
Operation time, min 54.3 ± 20.0
Concurrent TVT 52.5
Bladder or rectum injury 0.0
Recurrence 0.9
Mesh erosion 0.4

Surgical procedures of our minimal mesh transvaginal surgery
- Incision is made in anterior vaginal wall, and then the head portion of the mesh is implanted beneath the anterior vaginal wall and two arms are put through both side of sacropinous ligaments (SSL) using a special-purpose needle called “Shimada’s P1 needle”, which is made by a Japanese manufacturer.

Incision in mesh for transvaginal surgery
- E.g. Current operation for vault prolapse in our clinic
- Change in mesh for transvaginal surgery
- GYNEMESH 25 × 25cm
- Prolift type TVM
- POLYFORM 15 × 20cm
- LSC
- NTR

Conclusions
Though observing only the early postoperative period, this study leads us to believe that our minimal mesh transvaginal surgery is a preferred option for Japanese POP patients, as many Japanese patients have no inclination to have sexual activity due to low sexual desire.