

## LONG-TERM FOLLOW-UP OF PELVIC FLOOR RECONSTRUCTION FOR SEVERE PELVIC ORGAN PROLAPSE

### Hypothesis / aims of study

This is an original article, the present study determined the effectiveness of pelvic floor reconstruction in the anatomic and functional recovery of patients with severe pelvic organ prolapse.

### Study design, materials and methods

A total of 1415 patients with pelvic organ prolapse who were treated in our hospital between August 2006 and August 2015 were followed. These patients were divided into 10 groups based on the duration of follow-up (1-10 years after surgery). General data, pre- and post-operative Pelvic Floor Distress Inventory Questionnaire (PFDI-20) scores, and POP-Q staging of patients in each group were analyzed.

### Results

There were no significant differences between the groups with respect to age, age at menopause, body mass index, and gravidity and parity ( $P>0.05$ ). Based on post-operative POP-Q scoring, the Ba, Aa, and C points, and TVL (total vaginal length) at follow-up evaluations of different duration were compared to evaluate the outcome of total pelvic floor reconstruction. Indeed, excellent anatomic reduction was observed in all groups. Recurrences occurred in 8 patients with grade II or greater prolapse; the recurrence rate was 0.65%. Among the post-operative complications, the mesh exposure rate decreased gradually as the duration of follow-up increased, and was relatively high 1-2 years after surgery. The mesh exposure rate was 7.5% 1 year after surgery, and no mesh exposure was observed 7-10 years after surgery. The total mesh exposure rate was 2.9%. The incidence of vaginal foreign body sensation and pain was relatively high 1-3 years after surgery. Stress urinary incontinence was observed in 6 patients after surgery; the incidence was 0.48%. Stress urinary incontinence was severe in 4 patients, and required surgery. The incidences of urinary frequency and urgency, and abnormal bowel movements decreased year-after-year.

### Interpretation of results

Recurrence occurred more frequently 3-4 years after surgery and the recurrence rate was up to 2.1%. As time passed after surgery, the incidence of vaginal foreign body sensation and pain gradually decreased, mesh exposure rate also gradually decline. The incidences of urinary frequency and urgency, and abnormal bowel movements decreased year-after-year.

### Concluding message

The results of long-term follow-up suggest that pelvic floor reconstruction has a low recurrence rate and few complications, and can significantly improve bladder and rectal function. Occult stress urinary incontinence should be noted before surgery and treated effectively, which in turn decreases the incidence of post-operative stress urinary incontinence.

### Disclosures

**Funding:** Ministry of national science and technology of China (2014BA105B02) **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** This is a follow-up study. **Helsinki:** Yes **Informed Consent:** Yes