

1007

Gago Ramos J¹, Colomer A², Ochoa D C², Diaz R², Ibarz L²

1. HUGTiP, 2. HUGTiP

SURGICAL ANTERIOR PROLAPSE CORRECTION WITH NO TENSION MESH FIXED AT THE SACROSPINOUS LIGAMENT (PINNACLE/UPHOLD): COHORT STUDY RESULTS.

Hypothesis / aims of study

Pelvic organ prolapse (POP) involves until 30% women. Anterior POP correction with vaginal mesh to the sacrospinous (SE) plus tendinous arch (TA) with no tension fixation is an option. Intermediate good results in patients with or without uterus conservation have been achieved. Nevertheless, vaginal mesh implantations are related to different complications.

Study design, materials and methods

We report 49 woman longitudinal case series with symptomatic anterior POP (grade II-IV) treated with sacrospinous ligament plus or not tendinous arch fixed mesh without tension between May 2011 and June 2016. Mesh surface and fixation were evaluated for every case: 18 patients with major surface mesh fixed to the SE and TA (Pinnacle) and 31 patients with minor surface mesh and SE fixation only (UpHold).

Results

Mean age was 68,45 years (44-82). The mean body mass index was 27,53 (35,52-21,50). Mean surgical intervention time was 68 minutes (35-127). Mean time stay at hospital was 38 hours (21-144). All patients go home without bladder catheter, without a vaginal tampon and with special resting and laxative recommendations for 6 weeks.

After 34 months (58-9) mean follow-up clinical improvement was assessed without POP related symptoms and no anterior POP relapse (grade 0-I). Quality of life was evaluated by PGI-I (*patient global impression of improvement*) scale: 97% positive answers (very much better, much better and better).

Complications (Clavien-Dindo scale): 5 grade I (prolonged postoperative ischiatic pain until week 6 to 8, analgesics were required), 3 grade II (pelvic hematoma, antibiotics were required), 3 grade IIIa (1 infected pelvic hematoma treated with percutaneous drainage and 2 minimal mesh extrusions: IUGA/ICS codes 2BdT3S1 and 2BeT4S1, treated with local vaginal curettage).

Interpretation of results

Tension free fixed meshes to SE or SE plus AT are one surgical option, with intermediate good results and high quality of life improvement.

This technique is also associated with complications.

Concluding message

Multicentric and long term follow-up studies still required for results and risk evaluation of these techniques.

References

1. V Letouzey, D Ulrich, E Balenbois, A Cornille, R de Tayrac, B Fatton (2015). Utero-vaginal suspension using bilateral vaginal anterior sacrospinous fixation with mesh: intermediate results of a cohort study. *Int Urogynecol J.* 26:1803-1807. DOI 10.1007/s00192-015-2748-z
2. MK Manhan, J Letko, K Jirschelle, A Gafni-Kane, A Nguyen, H Du, R Goldberg (2012). Minimal mesh repair for apical and anterior prolapse: initial anatomical and subjective outcomes. *Int Urogynecol J.* 23:1753-1761. DOI 10.1007/s00192-012-1780-5.

Disclosures

Funding: JL Gago Ramos: Consultant for Boston Scientific **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** Observation of clinical practice . **Helsinki:** Yes **Informed Consent:** Yes