

## 1081

Sim J<sup>1</sup>, Lee B<sup>1</sup>, Lee Y<sup>1</sup>, Chang I<sup>1</sup>, Hur J<sup>1</sup>, Shin J<sup>1</sup>

1. Korea University Medical Center

# ANTERIOR TRANSOBTURATOR POLYPROPYLENE MESH IN THE CORRECTION OF CYSTOCELE AND UTERINE PROLAPSE: 4-POINTS METHOD WITH SACROSPINOUS LIGAMENT FIXATION OR POSTERIOR INTRAVAGINAL SLING VS 6-POINTS METHOD

## Hypothesis / aims of study

To assess and compare the effectiveness and safety of 4 points ATOM with SSLF or PIVS and 6 points ATOM for treating cystocele and uterine prolapse.

## Study design, materials and methods

This retrospective cohort study was conducted with 161 women who previously had the surgery, ATOM due to 2<sup>nd</sup> degree or above cystocele and uterine prolapse between February, 2006 and March, 2016. 106 women received it by the method of 4 points ATOM with SSLF or PIVS, and 55 women received it by 6 points ATOM. Patients who have completed follow up more than one year were enrolled in this study. We compared the effectiveness and safety between these two treatments groups.

## Results

There are three recurrence cases in the 6 points ATOM (5.45%). These three cases showed development of rectocele and no cystocele nor uterine prolapse. There are also three recurrence cases in the 4 points ATOM with SSLF or PIVS (2.83%). Two of them who experienced the 4 points ATOM had a recurrence in the same site, cystocele or uterine prolapse. Stress Urinary Incontinence was slightly higher in 4 points group (13.2% vs 5.45%). Voiding difficulty (19.8% vs 21.8%), constipation (16.0% vs 16.4%) and erosion (4.7% vs 3.6%) were not statistically different between the two groups.

## Interpretation of results

Relapse of bulging symptom has been reported in both groups. However, all 3 cases of relapse in 6-points ATOM group turned out to be a new case of rectocele occurring in sites different from those corrected by surgery. Also, the incidence of relapse in the two groups did not show a significant difference. Comparing the incidence of postoperative complications, the incidence of stress urinary incontinence appeared to be slightly higher in 4-points ATOM group. However, this difference between the two groups was also not statistically significant.

## Concluding message

In comparison of the postoperative recurrence rates, 6-points ATOM may be comparable to 4-points ATOM with SSLF or PIVS. However, further studies may be warranted to support these findings.

## References

1. Nygaard, Ingrid, Bradley, Catherine. Pelvic organ prolapse in older women: prevalence and risk factors. *Obstetrics & gynecology*.2004;104:489-497
2. Jin-sung Yuk, Chan-hee Jin, Kyong-wook Yi, Tak Kim, Jun-young Hur, Jung-ho Shin. Anterior transobturator polypropylene mesh in the correction of cystocele: 2-point method vs 4-point method. *Journal of minimally invasive gynecology*.2012;19:737-741
3. Marcus A. Nauth, Christian Funfgeld. correction of cystocele and stress incontinence with anterior transobturator mesh. *European journal of obstetrics & gynecology and reproductive biology*.2008;136:249-253

## Disclosures

**Funding:** none **Clinical Trial:** No **Subjects:** NONE