1088

Martín Martínez A[1], Ortega Cárdenes I[1], Medina Castellano M[1], Fernández Mederos A[1], Pérez Morales E[1], Cubas González A[1], García Hernández J Á[1]
1. *Hospital Universitario Materno Infantil de Canarias*

ANTERIOR AND POSTERIOR ELEVATE MESH FOR THE TREATMENT OF PELVIC ORGAN PROLAPSE: FOUR YEAR FOLLOW-UP.

Hypothesis / aims of study
To evaluate the clinical outcomes and patient satisfaction through four years in patients who underwent Elevate mesh placement for the treatment of pelvic organ prolapse.

Study design, materials and methods

This is a retrospective observational study which included women who underwent surgery placement of Elevate mesh for treatment of symptomatic genital prolapse at a Pelvic Floor Unit during the years 2012-2013.

Results

A total of 18 patients were included. Their mean age was 59 years. Previous history of pelvic surgery was as follow: 8 had previously an abdominal hysterectomy (44.4%), 10 had a vaginal hysterectomy (55.6%), 11 had a colporraphy (61.1%), two had undergone a Marshall-Burch procedure, one had a hysteropexy and another had a suburethral transobturator sling. Other past history of connective tissue disorders was a patient having mesh placement due to an eventration and three had an inguinal herniorrhaphy. The most frequent defect was vaginal vault prolapse in 14 patients (77.8%). The degree of prolapse assessed using the Pelvic Organ Prolapse Quantification (POPQ) scoring was stage III in 7 patients (38.9%) and stage IV in 11 patients (61.1%). The vast majority of women had the Elevate mesh placement due to a symptomatic recurrence of their prolapse (94.4%).

At the first clinical visit after surgery, the most frequent complaint was having the symptom of vaginal occupancy in 14 patients (77.8%), overactive bladder in 8 patients (44.4%) and pain in 4 patients (22.2%). Fifteen anterior Elevate meshes (83.3%) and 3 posterior meshes were placed (16.7%). A year after surgery, 50% of the patients were asymptomatic and 94.4% of patients had a normal clinical examination. The most frequent symptoms at one year follow-up were dyspareunia and the sensation of vaginal occupancy. At their last visit (4 years after surgery), 72.2% of the patients were asymptomatic and 83.3% had a normal clinical examination.

In general, 3 patients had an anatomical recurrence (16.7%) at some point in the follow-up and none were intervened. Regarding the degree of satisfaction, of the 14 patients who answered the questionnaire, 85.71% were very satisfied and would undergo the same surgery.

Interpretation of results

We found that there was a low anatomical prolapse recurrence with the use of Elevate mesh. Although not all patients were asymptomatic during their follow-up, there was a high degree of patient satisfaction.

Concluding message
The use of Elevate meshes in patients with pelvic organ prolapse achieves a high cure rate and high patient satisfaction.

Disclosures
Funding: NONE **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** It's an observational retrospective study **Helsinki:** Yes **Informed Consent:** No