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MORBIDITY OF PROLAPSE REPAIR USING A PROLENE MESH

AIM OF STUDY

Genital prolapse represents 30% of the cases for gynaecological consultation in women of al age. This figure is even higher when a population older than 65 years is considered. The relapse rate for prolapse accounts for almost 1/3 regardless the surgical technique adopted.

In the attempt to minimise the rate of prolapse relapse, the use of prosthetic materials has been advocated. At present the use of a prolene mesh is the material more commonly used. However very few data are available in terms of morbidity of this surgical operation.

The aim of this study is to evaluate the morbidity of the use of a prolene mesh for prolapse repair in a 6-month follow-up.

METHODS

Women with anterior or posterior vaginal wall prolapse were included. They all had risk factors for prolapse relapse such as severe descensus, previous prolapse repair, obesity, chronic cough, etc. The surgical procedures involved a conventional anterior and/or posterior repair plus the placement of a prolene mesh fixed with 3 stitches per side. For each woman preoperative data on prolapse, continence status, dyspareunia were noted in an apposite form. Subsequently intraoperative complications, blood loss, post-operative catheterization and time of hospitalisation were considered before discharge. All women were then reassessed after operation and questioned about sexual intercourse, dyspareunia or partner's dyspareunia, the onset of de-novo urinary or bowel symptoms, the occurrence of infection or bleeding.

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All the patients were also examined to evaluate the anatomical results and the presence of mesh erosion.
Prolapse was scored according to the HalfWay System classification.
All data were stored into a dedicated database and analysed for prevalence of morbidity events.

RESULTS

Thirty-one women with a mean age of 64.9 years (range 51-78 yrs) were included in this study. All of them were postmenopausal and only 6.5% were on HRT. Twelve women (38.7%) reported to have sexual intercourse and only one complained of dyspareunia. A prolene mesh was placed anteriorly in 16 women with a cystocele = 2° and posteriorly in 15 women with a rectocele = 2°. The mean delta value of haemoglobin between the 1st and the 3rd post-operative day was 2.2g/dl. All women had antibiotic prophylaxis for 3 days (cefalosporine) and only one patient had hyperpirexia post-operatively. Only 3 women had to d clean intermittent self-catheterization after hospital discharge, which resolved within 1 week. The mean hospitalisation time was 5.9 days and all the women went back to normal activities after a mean of 50 days All women were then reassessed after the operation with a mean time of follow-up of 6.2 months (range 3-12 months). Four women did not go back to have sexual intercourse after the operation. Five women complained of dyspareunia after surgery and one reported partner dyspareunia. Six women reported an improvement in urinary symptoms, 15 no change whereas 3 patients complained of a worsening of them. Regarding anal dysfunction 4 women were improved, 6 the same and 3 worse than before the operation. Anatomically 3 (18.8%) women with an anterior mesh had a 1st degree cystocele at follow-up and 1 (6.3%) a 2nd degree at follow-up. No relapse was noted for the posterior compartment.
Four women (12.9%) had vaginal mesh erosion, 9 (21.5%) a vaginal granuloma, 4 (12.9%) urinary tract infection with a 1 episode of haematuria. The most important complication was a pelvic abscess, which required a mesh removal.

CONCLUSION

This is one of the very few studies reporting the morbidity of the use of prosthetic material for prolapse repair. Prolene mesh can give post-operative complications with an acceptable rate. However part of them would not be happened if prosthetic material had not been used. Therefore a prospective randomised study on prolapse repair with or without the use of prosthetic material should be carried out and it is currently in progress in our unit.