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Chon J. [1], Bodell D. [2], Kobashi K. [3], Leach G. [2]
1. Thomas Jefferson University, 2. Tower Urology Institute of Continence, 3. Virginia Mason Medical Center

RESULTS OF THE TRANSVAGINAL CADAVERIC PROLAPSE REPAIR WITH SLING (CAPS)

Aims of Study

Repair of cystoceles have traditionally have had a high rate of recurrence. We were interested in using a patch of tissue to help support and reduce the cystocele in order to minimize tension on the repair and to determine if this ultimately lead to decreased recurrence of prolapse. We evaluated the results of our cystocele repair and vaginal sling using solvent dehydrated, non-frozen, cadaveric fascia.

Methods

108 women, ages 33-90 (mean 69 years) have undergone the CaPS procedure. These patients had a minimum follow-up of 12 months (range 12-34 months, mean 16 months). A 6 x 8 cm shaped piece of non-frozen cadaveric fascia lata* is placed transvaginally to repair the cystocele and to provide the sling support from the proximal urethra to the bladder neck. The patch is then cut so that a 2 cm portion of the fascia is used as the sling portion and the lower portion is folded over on each side resulting in a "T" configuration. The sling is secured to the pubic bone with transvaginally placed AMS Influence bone anchors. The remainder of the fascia is then fixed to the levator muscles bilaterally and the vaginal cuff or cervix to reduce the cystocele. Outcome was evaluated using history, preoperative and postoperative physical examination, a validated quality of life questionnaire, SEAPI scores, and incontinence impact questionnaire.

Results

Mean preoperative and postoperative SEAPI scores were 6.6 and 1.9, respectively, representing a significant improvement ($p < 0.001$). 68% of patients were >80% satisfied with their results and 74% would recommend the surgery to a friend. 54% of patients reported that they were completely dry, and 75% reported > 80% improvement in their symptoms. Persistent urinary urgency occurred in 14/108 (13%) of patients while de novo urgency occurred in 10/125 (9%). No patient had unexpected postoperative urinary retention. Complications included 1 case of osteitis pubis and 6 cases of grade I recurrent cystoceles not requiring further treatment. 32 (29%) had <50% improvement in their symptoms. Of these patients, 7/32 patients had stress urinary incontinence, 8 had mixed incontinence, 4 had urge incontinence, and 6 patients were unclear regarding the type of incontinence. 7/32 patients had no incontinence but based their dissatisfaction on postoperative urgency. 18/32 stated that symptoms recurred before 3 months. Late failures were seen in only 4 patients with recurrent grade I cystoceles on physical examination: one at 7 months, one at 9 months, and 2 at one year after surgery.

Conclusions

With a one-year minimum follow-up, the results using the transvaginal placement of cadaveric fascia for transvaginal sling and cystocele repair with bone anchors are encouraging.

*Mentor Corporation \ Suspend fascia lata

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