

TRANSVAGINAL REPAIR OF RECURRENT CYSTOCELE USING PORCINE DERMAL COLLAGEN IMPLANT – PELVICOL®.

Aims of Study

Recurrent cystocele is a common problem following anterior vaginal repair. In attempt to minimize the rate of recurrency the use of porcine dermal collagen matrix (Pelvicol®) has been advocated.

The aim of the present study was to evaluate the usefulness of Pelvicol® for the repair of recurrent anterior vaginal prolapse.

Methods

The study comprised of six patients with a median age of 74 yr. (range 68-88yr) with recurrent anterior vaginal prolapse. All women were postmenopausal and on HRT. Five patients were hysterectomized due to benign reasons. All these patients had previously undergone two or several genital prolapse operations, including anterior or posterior repair or Burch colposuspension. The remaining patient had previously undergone a colpoceles.

All women answered a questionnaire including urinary and prolapse symptoms pre -and postoperatively. Preoperatively the residual bladder volume was median 77 ml., range 4-200 ml. One patient performed sterile intermittent self-catherization (SIC). Preoperative gynecologic evaluation disclosed in all patients a grade 3-4 cystocele with paravaginal defects and no descensus of the vaginal apex or rectocele. The patient with colpoceles had a grade 4 cystocele including prolapse of the uterus and enterocele, but no rectocele.

All patients received preoperative antibiotics. The surgical technique involved a midline incision above the cystocele and then blunt dissection into the retropubic space bilaterally under the pubic ramus. Four absorbable 2-0 sutures were placed in the fascia above the obturator internus muscle or in the arcus tendineus. A 7 x 3 inch Pelvicol® was used in each case and tied to the stitches laterally. Medially the Pelvicol® was sutured to the vaginal fascia to achieve support at the bladder.

All patients were evaluated after a 3 months observation period.

Results

The median hospitalization time was 3 days (range 3-4 days). At discharge from the department the patients had a significantly lower residual bladder volume (median was 45 ml; range 5-150ml) compared to preoperative levels. The SIC treated patient had postoperatively a similar reduction in residual bladder volume and no need for further SIC treatment.

At 3 months follow-up all six women were satisfied with the operation and reported improvement in urinary symptoms (incontinence, urgency and emptying the bladder).

Gynecologic examination revealed in all patient a well suspended anterior vaginal wall, and no signs of prolapse except in one patient who had a cystocele grade 1. None of the patients had vaginal Pelvicol® erosion or infection in relation to the implant.

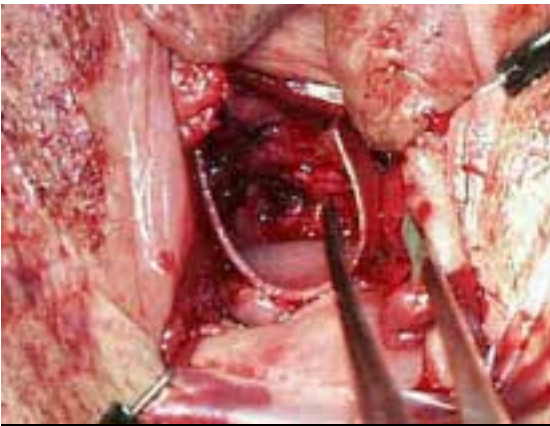
Conclusions

Our preliminary results suggest that Pelvicol® effectively prevent recurrency of anterior vaginal prolapse. All patients improved regarding urinary symptoms and satisfaction.

Follow-up is ongoing in order to evaluate the long-term efficacy of this new transvaginal technique.



Sutures has been placed in arcus tendineus



The Pelvicol is fixed laterally on both sides



The remaining stitches are placed in the vaginal fascia



The Pelvicol at the final place supporting the bladder