

POLYPROPYLENE – POLYGLACTIN MESH REPAIR FOR RECURRENT CYSTOCELE

Synopsis of Video

Recurrent symptomatic cystocele is a common occurrence and its repair raises the question on the efficacy of a second reconstructive procedure using native tissue again. We present a vaginal procedure to treat recurrent cystocele using Vicryl - Prolene - composite Ethicon (Polypropylene and Polyglactin 910) mesh. The mesh is manufactured from approximately equal parts of absorbable Polyglactin multifilament thread and non-absorbable Polypropylene multifilament thread.

All patients underwent multichannel urodynamics with their prolapse reduced to ensure there was no concomitant stress urinary incontinence. The patient is placed in a modified lithotomy position with the legs in Allen stirrups. The vagina is prepped with betadine solution and is draped in a sterile conventional manner. The bladder is drained and 10-20 ml of Adrenaline 1:200,000 solution is injected into the vaginal mucosa. The anterior vaginal wall is incised vertically in the midline from the level of the bladder neck to the vaginal vault. The bladder is dissected from the vaginal skin and pubocervical fascia as far laterally as possible. A piece of mesh is trimmed and adjusted to size the dissected area and then sutured to the mobilized pubocervical fascia as far laterally as possible with four to six 1-0 vicryl in a tension free fashion to create a new support to the bladder. The excess vaginal skin is trimmed and closed with continuous locking 1-0 vicryl. If genuine stress incontinence coexist a Tension-free Vaginal Tape procedure can be performed. A urethral catheter is placed for 24 hours. Voiding difficulties can be managed by suprapubic catheter regime. Additional surgery can include a posterior repair and vaginal hysterectomy. A posterior repair can be performed according to the same surgical principles described above.

In our one-year experience with the mesh repair for recurrent cystocele we have not encountered any recurrence of cystocele. No mesh erosion, voiding difficulties or other complications were observed.

The mesh repair of recurrent cystocele provides a safe and effective alternative procedure without any complications. We emphasize the application of a synthetic and partially absorbable mesh implant in a tension free fashion.