

## **POSTERIOR INTRAVAGINAL SLINGPLASTY – A REVIEW OF 93 PATIENTS WHO UNDERWENT A POSTERIOR IVS PROCEDURE BETWEEN 1998 AND 2000**

### **Aims of Study**

A retrospective review was performed of surgical outcomes in 93 patients who underwent a Posterior IVS procedure between 1998 and 2000. The Posterior IVS is a procedure designed to correct an enterorectocele. All patients in this study underwent a fascial “bridge” repair in combination with insertion of a polypropylene tape using the IVS Tunneller™ to fix the vaginal vault to the levator muscle inferior and medial to the iscial spines. The tape effectively reattaches the vagina to the uterosacral cardinal ligament complex.

### **Methods**

An update is presented of the outcomes of 93 patients previously reported. Patients were reviewed in a private clinic and results of examination and history recorded in a computer database so that outcome data could be reviewed. Patients were examined in the semi-recumbent position during straining and cough.

### **Results**

87 patients have provided further follow up since an original report published in 2002. Average length of follow up is 32 months. 5 patients were lost to follow up.

Subjective cure of prolapse was evident in 84% of patients. Patient satisfaction was present in 80%. Tape erosion was seen in 10% of patients and equally common with both nylon and polypropylene tape. Tape rejection was seen in 5% but only in patients where a nylon tape was used.

19% of patients went on to require a further fascial repair with mesh and 21% subsequently required an anterior IVS procedure for either secondary or residual stress incontinence. Tape erosion and vaginal infection was more common in patients in whom a long acting synthetic absorbable suture (Panacryl) was used as part of a fascial repair.

### **Conclusions**

Transverse vaginal incisions and attachment of the IVS tape to the undersurface of the epithelium is more likely to lead to erosion at the site of tape attachment. Failure of the associated fascial repair occurred in 20% and these patients subsequently underwent another repair with mesh. Carefull patient selection should reduce the number of patients who need a further repair.

Initial success in curing prolapse with the posterior IVS is most likely to be sustained if the patient avoids disruption to the healing wound in the first few months of the postoperative recovery. As a result late failure of a Posterior IVS vault repair is uncommon.

Tape erosion proved to be a common minor complication of this procedure. Tape erosion is usually treated by excision and removal of the eroded section of tape and does not appear to compromise the final outcome of the procedure.

Prospective studies of outcome in this procedure incorporating ICS Protocols and including POPQ assessment are now in progress.