

SHOULD PORCINE DERMAL COLLAGEN IMPLANTS BE USED FOR PRIMARY REPAIRS? – COMPARISON OF DATA OVER A 2-YEAR PERIOD

Aims of Study

Objective and subjective data were collected from patients who underwent vaginal surgery for prolapse using porcine dermal collagen implant material. We have been collecting data for 4 years since the study commenced in 1999. To date, there are 140 patients enrolled in the study prospectively. To provide comparison with a control group, the analysis was restricted to 2 years (1999-2000), the control group being the historical repairs with no collagen implants prior to 1999. The information gathered was on signs and symptoms with Quality of Life changes.

Methods

Patients who needed surgical correction of vaginal prolapse were included in the study. The prolapse was graded as either anterior or posterior at the time of initial consultation. Analysis of life questionnaire was completed for each patient. All patients were reviewed at 2 months clinically and life quality assessed with questionnaires. The subsequent follow-up was at 1 year with similar format. From the data collected from all patients, the TOTAL group were compared to SECONDARY repair outcome.

Results

In the TOTAL group, there were 21 patients with anterior wall prolapse, 4 with posterior wall prolapse and 46 with both anterior and posterior prolapse. In the SECONDARY group, there were 6 with anterior wall prolapse and 2 with posterior wall prolapse. Insufficient data meant that combined anterior and posterior prolapse patients could not be included for analysis from the latter group.

Table 1 – Percentage improvement – Anterior vaginal prolapse

	TOTAL group	SECONDARY group
Urgency	62.5	50
Stress incontinence	95	83.3
Sensation of prolapse	69.2	40
Dyspareunia	50	60
Recurrence	10.7	0
Satisfaction	85.7	83
Recommend	100	100
Quality of Life score	66.6	81.5

Table 2 – Percentage improvement – Posterior vaginal prolapse

	TOTAL group	SECONDARY group
Constipation	100	100
Diarrhoea	75	100
Sensation of prolapse	75	100
Dyspareunia	66	50
Recurrence	0	0
Satisfaction	100	100
Recommend	100	100
Quality of Life score	100	100

Conclusions

With cystocele repaired with collagen, both the urgency and stress incontinence improved. Dyspareunia was better in half the number of patients. Anterior prolapse re-occurred in 10.7%. Quality of Life (QOL) was better in all. In those with posterior vaginal wall prolapse, bowel symptoms substantially improved, with dyspareunia better in half. QOL was substantially better in both groups. Since the secondary repair group is small, the primary group patients have performed well with the procedure. We would like to suggest that vaginal prolapse be repaired with collagen implant as a primary procedure, rather than wait for the prolapse to occur from orthodox techniques and then use the collagen as a reinforcing agent. Our study continues and more data will be available.