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Adile B[1], Granese R[2], Lo Bue A[2], Gugliotta G[2], Cardella A M[2], Adile C[2]
1. Villa Sofia Hospital-Urogynaecology department, 2. Villa Sofia Hospital-Uroginaecology department

TENSION FREE CYSTOCELE REPAIR. THREE YEARS FOLLOW- UP.

Aims of Study

Anterior vaginal wall descensus is one of the most frequent alteration in patients with pelvic defects. At least 50% of women that had delivered two or more times presented a certain degree of this pathologic alteration of the anatomy, even thought only 10-20% of the patients complained of associated pains. The use of synthetic biocompatible materials has become more common in gynecology surgery(1)-(3). Polypropylene mesh to be proposed as a mean of surgical correction of moderate severe cystocele (Cervigni 1998)-(2).

Methods

97 patients aged 42-75, parity 1-5, body weight 45-90, menopause 41 pts. (61%).
Irritative sintoms(nocturia, frequency, urgency, dysuria and urge incontinence, were present in different percentage) tab.1.
Tab.1 Mesh in Urogynaecology surgery

		pts	%
GSI	I grade	12	12.37
	II grade	8	8.2
	III grade	7	7.2
Nocturia		27	27.8
Frequency		38	39.1
Urgency		36	37.11
Hesitancy		33	34
Dysuria		27	27.8
Urge Incontinence		25	25.7

All the patients underwent a complete urogynecological work up:
Physical examination(Vaginal profile, Q-tip test, pad test).
Instrumental evaluation(Urodynamic investigation, endoscopy, x-ray).
Defect evaluation was performed according to H.W.S. classification by Baden and Walker.
Cistocele of grade II in 27 pts. (28%) associated with type 1 and 2 SUI; grade III in 33 pts (34%); grade IV in 37 pts (38%). Rectocele > of grade II in 78 pts (80.4%) . Menopausal patients were treated by local or systemic estrogen therapy. We performed vaginal hysterectomy in 56 pts. (57.7%), levator miorraphy in 78 pts. (80.4%), IVS in 9 pts. (9.3%) and TVT in 18 pts. (18.55%). After anterior colpotomy a preshaped polypropylene (Incontinence mesh angiologica BM) in two different dimension in relation to the size of the cystocele was placed up on the perivescical fascia proximal to the bladder neck without anchorage stitches.

Results

No intraoperative complications occurred. All patients underwent objective follow-up (pelvic examination, Q-tip test) and instrumental evaluation (cystography, urodinamic investigation endoscopy) after 6, 12, 24, 36 months. 24 patients (88.9%) were continent, 2 (7.4%) improved and 1 (3.7%) failed.
We obtained, after 36 mos, erosion in 7 (7.2%)pts , dyspareunia in 4 (4.1%)pts, recurrent cystocele in 8(8,2%) pts.

Conclusions

The use of polypropylene mesh in urogynecology surgery is an interesting approach of recurrent cystocele after previous surgery and in patients with meiopragic perivescical fascia with moderate severe cystocele.

References

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