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100 POSTERIOR IVS OPERATIONS : RESULTS WITH 2 YEARS FOLLOW UP

Hypothesis / aims of study

Our aim was to evaluate the feasibility, the safety and the results of the Posterior Intra Vaginal Slingplasty (Posterior IVS) procedure performed in a continuous series of 108 patients.

Study design, materials and methods

108 patients with genital prolapse have been included in a continuous series between June 2001 and July 2003. All patients had a vault prolapse, or hysterocele, or an enterocele of at least grade 2 according to POP-Q classification (point C > or = 0 cm. All patients had various degrees of cystocele and associated rectocele. 25 patients had associated urinary stress incontinence and 23 others had a low closure pressure. An Anterior IVS procedure (for the cure of stress urinary incontinence) was performed during the same operation in these 48 patients. The surgical technique consists of dissection of the cystocele, rectocele (if existing) and vaginal vault, leaving the remaining fascia on the vaginal wall. The vaginal vault (or the uterus if it is still present and healthy) is suspended by a 7 mm wide polypropylene sling (IVS Tunneller*, Tyco Healthcare) placed posteriorly. The vesico and the recto vaginal fascias are reinforced as required by a 4 cm wide polypropylene mesh band. The rectovaginal mesh band is sutured to the Posterior IVS at the top, and to the perineal body at the bottom. The anterior mesh band (placed for the repair of the cystocele), is fixed to the posterior surface of the pubis bone, via 2 small extensions passing through the pelvic fascia on each side of the bladder neck, and to the vaginal vault (or the uterine isthmus if still there). A Foley catheter and a vaginal pack are left in place for 24 hours.

Results

108 patients between 36 and 82 years of age have undergone this type of surgery between June 2001 and July 2003. 6 patients were lost to view in the follow up. 40 patients had between one and three previous operations for prolapse repair. The average operation time was 45 minutes (30 minutes without hysterectomy, and 65 minutes with hysterectomy and Anterior IVS). Intraoperative complications were as follows: 7 vesical injuries during dissection in patients with recurrent cystocele or stress urinary incontinence, and 1 rectal injury during dissection. Post operative complications were as follows: 5 patients had anaemia < 10g Hb (Hb loss more than 2g), there were 2 hematomas of the Retzius space which were spontaneously resorptive, there were 2 erosions of the vesicovaginal prosthesis (among 62 patients) which were treated by local excision and closure of the vagina, there was 1 early hematoma of the pararectal space which occurred one week after the procedure, and there was 1 late infection of the rectovaginal prosthesis after 5 months. Both last described cases required removal of the posterior mesh. There was no erosion, infection nor rejection associated with the Posterior IVS tape. The results with an average follow up of 2 years are reported for 102 patients. There was one recurrence 6 months postoperatively following a Posterior IVS procedure (point C > or = -2 cm) in an obese asthmatic and constipated patient (140 Kg); there were 6 recurrences following cystocele repair (point Ba > or = -2cm) due to uncured lateral defects, and of these, 4 patients required reoperation.. There were 2 cases of partial rectocele recurrence after 6 months (point Bp > or = -2 cm) due to lateral slipping of the mesh. Poor functional results were as follows: 3 patients experienced de-novo constipation lasting for a maximum of 6 months, there was 1 case of dyspareunia one year after operation which was related to a retraction of one side of the Posterior IVS band, and 1 case of anal pain during 3 months postoperatively. Good functional results were seen in all other patients. Interestingly, 7 of the 11 patients who had complained of severe dyschesia due to supralevatoric rectocele with invagination before operation, were free of symptoms afterwards.

Interpretation of results

After a two years follow up, the results are satisfying concerning posterior IVS and recto vaginal prosthesis. The vesicovaginal prosthesis, at the contrary, has been modified after

evaluation of this series to have a lateral transobturator anchorage to the arcus tendineous on each side in order to treat the lateral defect.

Concluding message

This short series shows the feasibility and the safety of performing the Posterior IVS procedure. The long term results have still to be observed, but the effectiveness of this sling seems to be excellent in this series.