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MID VAGINAL SLING FOR CYSTOCELE REPAIR USING PROLENE MESH. A NEW MINIMALLY INVASIVE AMBULATORY PROCEDURE.

Hypothesis / aims of study

To evaluate the feasibility and results of a new minimally invasive technique of performing anterior colporraphy (AC) using a mid vaginal strip of prolene mesh.

Study design, materials and methods

Management of anterior prolapse poses a challenge as the recurrence rates remain unacceptably high. The use of prosthetic materials has emerged in the recent years to reduce the recurrences but most techniques and materials have significant mesh related complication. There is therefore a need for procedure with less morbidity and better results. We describe a novel technique that can be performed as a day case and does not seem to have the unwanted side effects common to the prosthesis use.

All procedures were performed as day cases the procedure can also be performed under local infiltration in patients who are unfit for general anaesthetic. After infiltration with 30 mls of 0.25% Marcain with Adrenaline a full thickness midline incision is made longitudinally in the anterior vaginal wall skin. The lateral dissection is performed only till the point to allow the excision of the redundant skin. Following this two lateral tunnels are created using scissors in the midvagina (at right angles to the vaginal axis) towards the pelvic sidewall around 6-7 cms in length. Strips of monofilament polypropylene mesh (Gynaecare) 1cm wide and 6-7cms long are inserted into these two tunnels and the vaginal skin is closed using interrupted 2,0 vicryl sutures. None of the patients were catheterised postoperatively. All data regarding the intraoperative and post-operative complications was collected prospectively. We also collected the data on postoperative pain using a visual analogue pain score (VAS).

The present series is of 145 consecutive procedures carried out over a 24 month period. All patients had at least grade II anterior wall defect using POPQ system. 131 procedures were performed under a general anaesthetic and 14 patients has only local infiltration for the anterior colporraphy. Median age of the patients was 57 years (32-87), parity 2 (1-6) and Body Mass Index 24 (19-34). 126 patients had first attempt at the repair and 19 patients had had a previous attempt at a repair. 71 patients had only anterior repair performed, 33 with posterior Intravaginal slingplasty for apical or uterine prolapse, 32 patients had a posterior repair and 9 patients had concurrent TVT slingplasty for stress urinary incontinence.

Results

All procedures were performed as day stay with a median length of stay of 3.5 hours (Range 2.5-6.5hours). Routine post-operative catheterisation was not used, one patient needed catheterisation for urinary retention in the first week following the procedure due to a urinary tract infection. There were no readmissions in the first six weeks following the procedure. The median pain score using VAS on the day one was 1 and on the day seven was 0. The median follow up is 12.5 months range (2-24 months) follow up was performed at 4 weeks, 6 months and 12 months There have been 2 mesh erosions during this period and 2 recurrences have been noted, both in the first six months of follow up.

Interpretation of results

The procedure has minimal morbidity with only 1.5% of patients having mesh erosions and the same number with recurrences.

Concluding message

We acknowledge the short follow but early results are encouraging. We plan to follow up these patients at 12 monthly intervals for at least five years.