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MEDIUM TERM REVIEW ON THE OUTCOME OF POSTERIOR COLPORRHAPHY WITH COMPOSITE VICRYL-PROLENE (VYPRO LL) MESH

Aims of study

Epidemiological studies have shown that up to 29% women require further intervention following failed primary prolapse repair surgeries. It was suggested that the dependence on weak and often damaged tissue for prolapse repair might have contributed to the high recurrence rate. Surgical meshes have been shown to reduce the recurrence rate of incisional hernia and groin hernia repairs. There is some evidence that anterior colporrhaphy with mesh can reduce anterior wall prolapse recurrence, but there are limited studies into its role in posterior colporrhaphy. This prospective observational study aims to investigate the safety and efficacy and role of surgical mesh in the treatment of posterior vaginal wall prolapse.

Study design, materials and methods

Phase 1, of this study was carried out between October 2001and October 2002. It was an Ambispective observational study. Ninety-three patients were recruited, 3 patients were excluded because they failed to attend follow up. Ninety charts were reviewed retrospectively and subsequent data was collected prospectively. Questionnaires and telephone interviews were made. Those who had surgery for more than 6 months were invited back for physical examination. The response rate was 79.5%. Phase 2 of this study was a prospective observational study on the medium term review of these patients. Eighty-one out of 90 patients were reviewed as 3 patients' charts were missing and 6 patients failed to attend follow up. All this patients were assessed objectively.

The material used was Vypro ll mesh, (Ethicon). It has 50% absorbable vicryl and 50% non-absorbable prolene. Vypro ll mesh was used as it was a macroporous mesh and has only 50% of permanent mesh component. It was thought that these features would contribute to a lesser erosion risk.

Surgical Method: mesh was laid over the prolapse and secured at the outside margins of fascial defect with 4 sutures. Fascial defects were not closed. No trimming of vaginal mucosa was carried out. Attention was paid to secure proper haemostasis. All these patients had antibiotics and laxatives perioperatively.

Results

Medium term follow up results

Rectocele	**6-12 months follow up**	**12-18 months follow up**	**18-24 months follow up**	**>24 months follow up**
No recurrence	**7/7 (100%)**	**36/42 (85.7%)**	**30/31 (96.8%)**	**-**
Grade 1	**-**	**3/42 (7.1%) 1 reoperated**	**1/31 (3.2%) no reoperation**	**1/1 (100%) reoperated**
Grade 2	**-**	**2/42 (4.8%) Both reoperated**	**-**	**-**
Grade 3	**-**	**1/42 (2.4%) Reoperated**	**-**	**-**
Vaginal mesh erosion	**2/7 Both trimmed in clinic**	**1/42 (2.4%) Trimmed in clinic**	**0/31 (0%)**	**0/1 (0%)**

Interpretation of results

The overall recurrence rates including grade 1 rectocele at 12 to 24 months was 8/24 (10.8%). The overall reoperation rate for recurrence of rectocele at 12 to 24 months was 5/74 (6.8%). It appears that most vaginal mesh protrusion cases would present in the first 6 months, but can be mostly dealt with in an outpatient setting. No serious erosion complications have been observed.

Concluding message

Posterior mesh repair for posterior vaginal wall prolapse appears to provide good functional results. Most vaginal mesh protrusion cases seem to present during the first 6 post-operative months. Once they have been dealt with, the risk of vaginal mesh protrusion was relatively low at 12 to 24 months medium term follow up. Long term follow up data is still be collected and will be reported.