

USE OF PORCINE SMALL INTESTINAL SUBMUCOSA MESH IN THE SURGICAL TREATMENT OF RECURRENT PELVIC ORGAN PROLAPSE

Hypothesis / aims of study

To describe the outcome of using porcine small intestinal submucosa mesh (SIS) in the surgical treatment of recurrent pelvic organ prolapse (rPOP) on peri- and postoperative complication rate, cure/recurrence rate, and sexual function.

Study design, materials and methods

Sixty-five consecutive patients that underwent surgical treatment for rPOP with the use of SIS fixated with PDS sutures were included in the study. The median number of prior prolapse operations was 3,1 (1-8). After a median follow-up period of 7 months (2-21), patients were invited to the outpatient clinic for a gynaecological examination (G.E.) with the use of POP-Q scoring system. A standard symptoms questionnaire was filled out at the same time. Three patients (3/65) declined to participate in the former but reported no complaints.

Results

The median age of the participating women was 63,4 years (39-89). The median admission time was 1,4 days (1-3). Sixty-six meshes were inserted in total, 20 in the anterior, 39 in the posterior, and 7 in the apical compartment. In the immediate postoperative period (<1 month) 3% of the patients (2/65) developed complications (infection:1, erosion of sutures into the vagina:1), nevertheless, none that demanded reoperation. Preoperatively, all women reported prolapse symptoms and the median length of the vagina was 8,4 cm, the median AP was -0,08 cm, the median BP was -0,08 cm and the median BA was -0,34 cm. When interviewed postoperatively 16% (10/62) of the participating women reported prolapse symptoms, though of lesser degree. G.E. revealed a significant reduction in vaginal length to 7,7 cm, a significant increase in median AP to -2,1 cm, as well as in median BP (-2 cm) and BA (-1,8 cm), (n=62, p<0,05). Recurrence of POP was found in 2/20 in the anterior, 2/39 in the posterior and 1/7 in the apical compartment. Three women reported tenderness in the vagina during palpation. Out of 31 women that were sexually active after the operation, 9 (1 de novo) complained of dyspareunia of some degree.

Interpretation of results

We report a low recurrence rate. Postoperative complications are relatively mild and rare. No erosion or allergic reactions to the mesh were observed and the degree of dyspareunia is comparable to that where no mesh has been used.

Concluding message

The use of SIS in the surgical treatment of rPOP is a safe and successful alternative to repeating traditional surgical correction.