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A NEW OPTION IN THE TREATMENT OF PELVIC ORGAN PROLAPS (POP) – PERIGEE (TRANSOBTURATOR ANTERIOR PROLAPS REPAIR SYSTEM)

Hypothesis / aims of study

To evaluate the intra - and post-operative complications and the short-term results of the PERIGEE implantation.

Study design, materials and methods

Between 01.10.04 and 31.3.05, 63 women with pelvic organ prolaps were treated with the new PERIGEE system (American Medical Systems).
The indication for the operation were in 45 cases severe prolaps of a cystocele, in 12 women partial uterine prolaps, in 4 cases total vaginal vault prolaps after hysterectomy and in one case a total prolaps of uterus and rectum.
22 of the women had hysterectomy before and 16 had recurrences after previous prolaps surgery (10 had only colporrhaphy, 3 in combination with Gynemesh, 3 with pelvicol-Implantation).
Additional problems were found in 31 woman – 20 with urinary stress incontinence and residual urine (> 100 ml) in 11 patients.
The mean age of the treated group was 67,6 years (range from 43 to 84 y.).
The operation was performed under general anesthesia .
In each case antibiotics (single shot intraop.) and catheter drainage + vaginal tamponade for 24 hours following surgery were administered.
The Intepro-mesh (softprolene) is anchoring with an 4 point - transobturator sling fixation.
At first midline colpotomy was performed. 2 small incisions are made over each obturator membrane along the ischial pubic ramus. 1 superior and 1 inferior.
The implantation technique was modified – strictly blunt and digital preparation, no resection of vagina, no additional operation (hysterectomy etc.).
The closure of vagina was performed with one continued vicryl suture.
Skin incisions were closed only with plaster (wound closure strips)
All patients were followed up to 6-8 weeks after operation.
At follow up symptoms of prolaps, SUI, residual urine (Sonography), urge or neurological disorders were recorded. The objective and subjective cure rates of POP was determinted by vaginal examination and interview .

Results

All patients were satisfied with the postoperative result. No pain or discomfort was reported after removal of catheter and tamponade.
The anatomic reconstruction of the anterior wall seems perfect.
In 2 cases de novo symptomatic enterocele occure after 6-8 weeks (similar to observations after BURCH operation). In one woman the Enterocele prolaps was successful treated with APOGEE (infracoccygeale sacropexie). In the other case the APOGEE operation will be done next time.
Mesh erosion was observed in 3 of 63 cases(4,7 %). Only one erosion was symptomatic and needed surgical treatment (mobilisation of the surrounded vaginal tissue and successful tension free closure of the defect). The two asymptomatic erosions will follow up for reepithelisation.
SUI was cured in 12 of 20 woman. 7 were unchanged. In one case the SUI changed from Grad I to III after reposition.
Residual urine was cured in 10 of 11 woman.
No intraoperative or postoperative major complication (infection, rejection, nerve or vessel or bowel or bladder traumata) was observed.
Time for the PERIGEE procedure efford 30 to 45 minutes.
The intraoperative blood lost was only minimal (under 100 ml).
Only two postoperative hematoma were observed (size maximal 6 x 3,5 cm)

Interpretation of results

The PERIGEE systems allowed to cure pelvic floor symptoms in all 3 Levels.
(Level III – SUI, Level II – lateral fixation of the vaginal wall and cure of urge, Level I – apex fixation.)
The PERIGEE experience let us changed our traditional way of prolaps treatment – starting with reinforcement of the apex and posterior vaginal wall (infracoccygeale sacropexie). Now we think it is better to stabilize the anterior wall and look what is happened further. In most cases the problem is gone. If there are remaining problems (enterocele, SUI, etc.) we use retropubic sling or posterior repair (APOGEE).
Up to now – we saw no really complication or side effect of the PERIGEE methode.
The benefit of the patient - improved quality of life after pelvic surgery – was dominant in all cases.
All minor problems (erosion, hematomas, etc.) can be easily managed so far.
We suggest that PERIGEE is as a powerful new way in the treatment of POP

Concluding message

PERIGEE is a safe and effective methode to treat anterior wall prolaps and should be the first step to cure partial or total prolaps of uterus or vagina.
Further investigation and follow up is necessary to prove the long term effect of anterior wall stabilisation and to exclude long term complications by the PERIGEE system.