

THE USE OF GYNEMESH* PS IN THE REPAIR OF SEVERE CYSTOURETHROCOELE

Hypothesis / aims of study

Sand (2002) reported a 43% and 11% risk of recurrent grade 1 and 2 cystourethrocoele respectively, after an anterior colporrhaphy had been performed. Olsen (1997) reported that up to 30% of patients required repeat prolapse surgery. With the resounding success of the tension-free vaginal tape (TVT) in treatment of stress urinary incontinence, there has been renewed interest in synthetic meshes to reduce the recurrence rate in prolapse surgery. This study was performed to determine the efficacy and complication rates of Gynemesh* PS in the surgical repair of grade 4 and recurrent cystourethrocoele.

Study design, materials and methods

A retrospective review of 44 patients who had an anterior colporrhaphy with Gynemesh was performed. After dissection of the anterior vaginal wall epithelium away from the prolapsing bladder; a double-winged Gynemesh was placed tension-free over the cystourethrocoele, and both wings were extended into the retropubic space. Kelly-suture plication and vaginal wall repair was then completed. Concomitant surgeries inclusive of vaginal hysterectomy, TVT, posterior repair, and sacrospinous ligament fixation (SSF) were performed when indicated. Follow-up review was at 12 months, and the ICS prolapse grading system was used for pre-operative and post-operative cystourethrocoele grading. Success was defined as grades 0 or 1 cystourethrocoele, with failure as grade 2 and beyond.

Results

The mean age of patients was 63 years (SD: \pm 9 years), the mean BMI 25.5 (SD: \pm 3.7), and 89% of patients were menopausal. The majority of patients (84%) had grade 4 cystourethrocoele. Seven patients had recurrent cystourethrocoele; 2 grade 2, 3 grade 3 and 2 grade 4 cystourethrocoele. The mean operative time was 71 minutes (SD: \pm 21 minutes). In the post-operative period, only 3 (7%) patients had immediate voiding difficulties, all of which resolved with conservative management. Thirty-three (75%) patients came for 1-year review. Of the 27 patients with primary surgical repair, 12 (44.4%) had no recurrence, 9 (33.3%) grade 1, 5 (18.6%) grade 2, and 1 (3.7%) grade 3 cystourethrocoele. There was 1 (3.7%) case each of perineal pain and new stress urinary incontinence; these were treated symptomatically with analgesia and vagifem therapy respectively. Of the 6 patients with repeat surgery, 2 (33.3%) had no recurrence, 3 (50.0%) grade 1, and 1 (16.7%) grade 2 cystourethrocoele. Only 1 (3.0%) patient had asymptomatic mesh erosion. There were no grade 4 cystourethrocoele recurrences in the one-year follow-up period.

Interpretation of results

No significant association could be found with respect to age, BMI, menopause, normal vaginal or assisted delivery, or severity of cystourethrocoele for failure of surgical repair.

Concluding message

Our one-year experience with Gynemesh* PS appears very favourable. A prospective randomized trial is currently being carried out at our centre, the results will be presented in the near future. Only then can we decide if Gynemesh is of value in the repair of severe cystourethrocoele.