487

Georgiopoulos I[1], Alexiou K[1], Tsagkatakis E[1], Ganas E[1], Nikolopoulos V[1], Karpenissiotis G[1], Tombros G[1], Karanastasis D[1]
1. Elpis General Hospital

PELVIC FLOOR RECONSTRUCTIVE SURGERY (CYSTOCELE AND CYSTORECTOCELE REPAIR) USING MESH IMPLANTS - EARLY RESULTS

Hypothesis / aims of study

We present the early results of our experience in pelvic floor reconstructive surgery using simple sheet mesh implants and introducer needle affixed mesh implants

Study design, materials and methods

As of 2006, 21 patients have undergone pelvic floor reconstructive surgery using mesh implants in our department. 6 cystocele cases were managed with simple sheet meshes (4 using Pelvicol© and 2 using Pelvisoft©). 15 patients underwent surgery with meshes affixed to introducer needles (6 cystocele cases using the Perigee© mesh, 4 cystorectocele cases using the Perigee/Apogee© meshes and 5 cystocele cases using the Prolift© mesh). The transobturator approach was used for repair of cystoceles when using the needle affixed meshes, while meshes used for cystorectocele repair were also anchored to the sacrospinal ligament. All patients received general anesthesia. Upon discharge, patients were instructed to return to the clinic after three months for evaluation.

Results

Mean operative time for cystocele repair using the simple sheet meshes was approx. 30 minutes, and approx. 20 minutes for the introducer needle affixed meshes. Cystorectocele repair using the preformed meshes was performed in 45 minutes. Minimal blood loss was observed in all cases. All patients were hospitalized for 2 days post-operatively, with no immediate complications. At the three-month evaluation , 2 patients who underwent cystocele repair with the simple sheet meshes (1 Pelvicol© and 1 Pelvisoft©) presented with recurring cystoceles. No recurrences were observed in patients who underwent repair with the introducer needle affixed meshes. No other late complications were noted in all cases.

Interpretation of results

The use of meshes with introducer needles has reduced mean operative times. Efficacy of the introducer needle affixed meshes seems to be greater than that of the simple sheet meshes, at the third post-operative month. A longer follow-up period is necessary to evaluate the long term efficacy of the use of all mesh implants.

Concluding message

Our early results with the use of mesh implants in the surgical repair of cystoceles and cystorectoceles indicate that it is a quick, safe and effective surgical solution to a common problem in females.

References

FUNDING: no sources
CLINICAL TRIAL REGISTRATION: This clinical trial has not yet been registered in a public clinical trials registry.
HUMAN SUBJECTS: This study did not need ethical approval because no ethical approval needed- but followed the Declaration of Helsinki Informed consent was obtained from the patients.