488

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EFFICACY OF PROLIFT SYSTEM IN THE TREATMENT OF PELVIC FLOOR DISORDERS – EXPERIENCE AFTER FIRST HUNDRED CASES

Hypothesis / aims of study
Prevalence of female pelvic floor statics disorders is 30 % in developed countries. Life time risk for being operated due to cystocoele, rectocoele or uterine prolaps is 11%. Nowadays classical operations for management of prolaps are replaced by new, less invasive and more efficient techniques which reinforce damaged pelvic connective tissue with prosthesis. The purpose of this study was to evaluate the efficacy of Prolift System in female pelvic floor static disorders. Prolift consist of Complete, Anterior, and Posterior Pelvic Floor Repair Systems which are used for stabilization of fascial and tendineal structures of female pelvic floor.

Study design, materials and methods
Between February and December 2006 one hundred and twelve patients (mean age 59 years) were operated because of pelvic organ prolaps. We used Prolift System, Anterior, Posterior, Total or Anterior and Posterior at one time. The surgery was performed and the mesh was placed exactly as it was recommended by the producer. to According to POPQ scale twenty patients (17,85%) were classified as POPQ II, sixty nine (61,6%) as POPQ III and twenty three (20,5%) as POPQ IV. Forty three woman (38,4%) underwent Anterior, eighteen (16,1%) Posterior, thirty seven (33%) Anterior and Posterior and fourteen (12,5%) Total Prolift System operation. Fifty three patients (47,3%) had an additional procedure during the surgery, including IVS 02 and 04, cervix amputation or posterior colporrhaphy. During follow up three months after surgery clinical outcome (objective and subjective) was estimated.

Results
During surgery one bladder perforation occurred and three patients required evacuation of hematomas located near the mesh few hours after surgery. But there was no necessity to remove the mesh. Eighty woman (71,4%) were available for clinical evaluation of efficacy of Prolift System on first follow-up visit and medium day count from surgery is 82. Anatomical outcome of operation was considered as excellent in every patient (100% success rate). Medium total vaginal length was 8,7 cm (range 5 – 12 cm). Postoperative POPQ of operated vaginal wall ranged from 0 to 1. However five (4,46%) patients developed stress urinary incontinence and were reoperated, four IVS 04 M and one IVS 02 M was used to treat occult urinary incontinence. All patients who developed urinary incontinence underwent Anterior and Posterior repair surgery. Two developed rectocoele after initial anterior repair and five complained about groin pain especially while seated. We did not record any complains about sexual dysfunction and dyspareunia after surgery.

Interpretation of results
Our results are updated constantly. After more than one year of using Prolift System it is clear that this is very safe and efficient method in surgical treatment of female pelvic organ prolaps. Moreover, urodynamic evaluation is not necessary if the patient does not complains about urinary incontinence (UI). In our group only 4,5% of operated women complained that UI occurred shortly after prolaps surgery. What's more we did not observe mesh erosion or rejection.

Concluding message
Prolift Complete, Anterior, and Posterior Pelvic Floor Repair System is new, very efficient and easy to use tool for surgical treatment of female pelvic floor static disorders.

References

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