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Introduction

We need more data about the **incidence** of **severe complication** after **surgical repair** for **urinary incontinence** (UI) or **pelvic organ prolapse** (POP) in women.

Objectives

Our aim was to assess **the rate of complications** following a surgery urinary incontinence or pelvic organ prolapse in women **with or without meshes**, using **data** from the IMD and hospital charts.

Methods

In France, all surgery and complications during an hospitalization are coded by the Information Medical Department (IMD) using the International Statistical Classification of Diseases (ICD) and the Common Classification of Medical Acts (CCAM).

We undergone a **retrospective** and **observational study**, in our center (teaching hospital) from **January 2011 to December 2017**. We included **all women** who have received, according to the ICD or CCAM classification, a surgery surgery for urinary incontinence or pelvic organ prolapse.

We included mid-urethra sling (MUS) or colposuspension, vaginal repair surgery with or without mesh, abdominal or laparoscopic repair surgery, and endoanal surgery. Artificial sphincters, balloons and periurethral injections were excluded.

Complications were identified using ICD and CCAM classification and systematic review of all hospital charts. According to **Clavien-Dindo classification**, a grade III complication require a surgical, endoscopic or radiological intervention (grade IIIa without general anesthesia and grade IIIb under general anesthesia); a grade IV complication need a life threatening complication; and a grade V complication is the death of a patient.

We considered only grade III or above, as per the Clavien-Dindo classification, and hospitalization in an Intensive Care Unit within 60 days of surgery. Failure or recurrence of incontinence or prolapse were not considered as a severe complication.

Results

We included **669 women** who undergone one or more surgical procedures; 24 were operated several times for recurrences. Overall, we found **693 surgeries** for UI or POP.

Types of surgeries included

| Type of surgery | Included, N |
|-------------------------------------|-------------|
| Mid urethra sling (MUS) alone | 241 |
| Vaginal repair with MUS | 2 |
| Vaginal repair with or without mesh | 224 |
| Laparoscopic sacrocolpopexy alone | 166 |
| Laparoscopic sacrocolpopexy and MUS | 25 |
| Other prolapse surgery | 35 |
| Overall | 693 |

We identified **68 postoperative complications (9.8%) grade III or more** according to the Clavien-Dindo classification.

Post-operative Grade III and above complications.

| Grade | Included, N |
|----------------|-------------|
| Grade IIIa | 13 |
| Grade IIIb | 53 |
| Grade IV | 1 |
| Grade V | 1 |
| Overall | 68 |

One grade IV complication and one grade V complication have also been identified : a fecal peritonitis after a surgery for rectal prolapse, with an unfavorable evolution (94 years old).

Post-operative description of Grade III b complications

| Type of surgery | Included, N |
|---|-------------|
| Partial or total ablation of the meshes (erosion) | 24 (45.2%) |
| Relax mid-urethra sling | 9 (16.9%) |
| Cuting mid-urethra sling (dysuria) | 16 (30.1%) |
| Other | 4 (7.5%) |
| Overall | 53 |

Conclusion

We found a **9.8% rate of complications grade III and above**. As we did not include complications treated in other centers, this rate is likely to be **underestimated**.

It seems useful **to monitor**, in a **prospective study**, the **complications of surgical repair for urinary incontinence or pelvic organ prolapse**, including that of the other centers.

References

Dindo D, Demartines N, Clavien PA. Classification of surgical complications: a new proposal with evaluation in a cohort of 6336 patients and results of a survey. *Annals of surgery*. 2004;240(2):205-13

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