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IS GYNECARE PROLIFT(PELVIC FLOOR SYSTEM THE ANSWER TO SEVERE PELVIC ORGAN PROLAPSE?
A 6- MONTH SHORT-TERM OUTCOME

Hypothesis / aims of study

To determine the safety and effectiveness of Gynecare Prolift® in the surgical management of pelvic organ prolapse (POP).

Study design, materials and methods

This study was a non-funded, retrospective, descriptive study. Patients had the Prolift surgery between 1st July 2005 and 28th February 2007 for pelvic organ prolapse (POP). The grading of prolapse was based on Baden-Walker system. One hundred and six consecutive patients had the procedure. Preoperative assessment included genitourinary examination in conjunction with vertical Valsalva stress test, and urodynamic studies. Full extent of pelvic organ prolapse was re-evaluated under anaesthesia. Concomitant procedures such as vaginal hysterectomy, sacrospinous ligament fixation and tension-free vaginal tape were performed as indicated.

Objective anatomical cure rate was defined when anterior vaginal wall, apical wall, and posterior vaginal wall prolapse were noted to be at stage 0 or 1. A predesigned questionnaire was used to assess subject satisfaction.

Results

The mean age of patients at surgery was 64 years. Previous hysterectomy, prolapse and continence surgery were noted in 62.2% of patients. Sixty-one patients underwent Anterior Prolift; 8 patients had Posterior Prolift and 37 patients had Total Prolift. Concomitant surgeries were done as indicated. Eight of the 106 patients opted to conserve their uteri. The mean operative time was 68 minutes. Operative blood loss averaged 102 millilitres. The incidence of blood transfusion was significantly higher with Total prolift (16.2%) compared to Anterior Prolift (3.3%).

There were two bladder injuries (1.9%) with Anterior Prolift. Four (10.8%) women with Total Prolift developed immediate postoperative intraperitoneal bleeding and required surgical exploration to obtain hemostatic control. One patient developed a non-progressive pelvic hematoma and was managed conservatively. Another patient developed a groin hematoma treated expectantly with antibiotics. One week postoperatively, this patient developed a localized, right-sided 3cm diameter perianal abscess, at the exit site of the Posterior Prolift arm. Incision and drainage was done.

Six (5.7%) patients developed wound dehiscence. At 6-month postoperative review, 16 (15.1%) patients developed mesh erosion. Thirteen (12.3%) and 8 patients (7.5%) developed de novo stress urinary incontinence (SUI) and urge incontinence (UI), respectively. Tension free vaginal tape was performed in 7 (6.6%) of the patients with SUI. De novo U/UI were treated with anticholinergics and/or bladder retraining.

Interpretation of results

Mesh augmentation for pelvic organ prolapse surgery looks promising, with an anatomical cure rate of 91.5%.

Concluding message

In the hands of a competent surgeon, the use of prosthetic mesh is a safe and effective procedure in the surgical management of pelvic organ prolapse.

References

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What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**Yes**
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Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**No**