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# SHORT-TERM ASSESSMENT OF PATIENTS UNDERGOING ANTERIOR VAGINAL REPAIR WITH A POLYPROPYLENE MESH REINFORCEMENT: EFFICACY AND SAFETY

Hypothesis / aims of study
The purpose of this study was to evaluate the short-term safety, functional and anatomic efficacy of anterior vaginal repair with a synthetic mesh (Gynamesh™).

Study design, materials and methods
Women with stage 2 or more (ICS-POP-Q) cystocele were offered to undergo anterior vaginal repair with Gynamesh™ between February and November 2007. Ethics approval was obtained. Anamnesis, physical examination (POP-Q), validated sexual function and quality of life questionnaires were performed preoperatively, and at 1,3,6,9 and 12 months postoperatively. Primary outcome was the absence of stage 2 or more prolapse at any site. Secondary outcomes included complications and impact on sexual function.

Results
Time of inclusion was 63 years, dyspareunia was reported by 67% of patients and 33% presented abdominal or vaginal pain. One patient complained of SUI that was not confirmed by urodynamics and one of urge incontinence. Concomitant vaginal hysterectomy was performed in 1 patient (16,5%) because of uterine prolapse, another 2 patients (33%) were submitted to sacrospinal hysteropexia for the same reason; 50% of patients received a posterior fascial repair due to enterocele. There were no intraoperative complications. The average hospital stay was 2 days. The mean follow up period was 9,5 months, and only one patient had less than 6 months follow up. Most of the women were satisfied of their condition. Unsatisfactory anatomic outcomes at any vaginal site (POP-Q > 1) were recorded in 15%, 67%, 83%, 40% and 50% of patients respectively after 7 days, 1,3,6 and 9 month of follow up. The recurrence of anterior vaginal wall prolapse were present in 15%, 33%, 16% after respectively 7 days, 1 and 3 months, no such recurrence was noticed after 3 months of follow up. The main responsible for prolapse at any site were enterocele and uterine prolapse. Postoperative complications included: 4 mesh exposures (67%), 1 mesh shrinkage (16%), 1 urge incontinence once again (16%), 1 de novo hysterocele, 1 enterocele once again and 1 recurrence of hysterocele. No vaginal or abdominal infection was found. There was improvement on sexual function despite patients reporting fear of intercourse until 3 months after surgery, no dyspareunia was related. Two patients (33%) were reoperated at 9 mounths due to symptomatic enterocele (1) and uterine prolapse (1). One patient was reoperated due to mesh exposure. Mesh erosions responded to treatment with vaginal estrogen in most of cases.

Interpretation of results
Our data suggests that the transvaginal mesh repair of anterior wall prolapse is a promising and safe technique with encouraging results in a short run. It may predispose to other perineal defects descompensation, as enterocele and uterine prolapse. Mesh exposure is a frequent complication that can be solved with vaginal estrogen in most of cases.

Concluding message
Future studies with a larger number of patients and follow up are needed to address the long term efficacy and safety of meshs in transvaginal repairs

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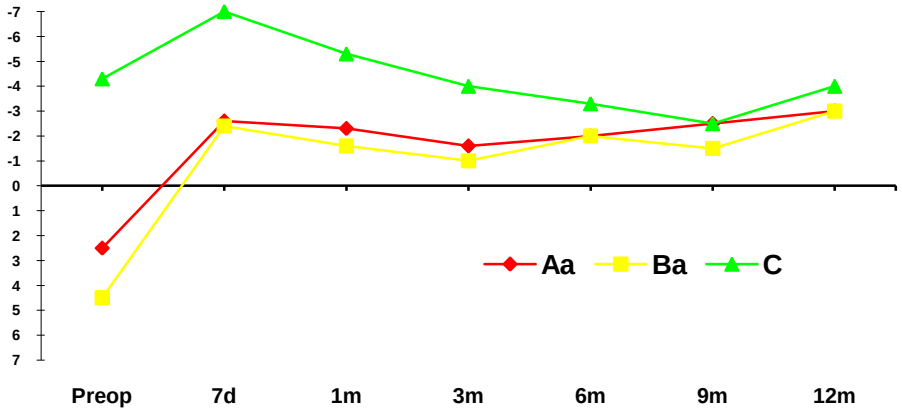
| ***Specify source of funding or grant*** | **J& J provided 10 Gynamesh for our surgical procedures.** |
| ***Is this a clinical trial?*** | **Yes** |
| ***Is this study registered in a public clinical trials registry?*** | **Yes** |
| ***Specify Name of Public Registry, Registration Number*** | **CAFPESP - University of S Paulo by author's name** |
| ***What were the subjects in the study?*** | **HUMAN** |
| ***Was this study approved by an ethics committee?*** | **Yes** |

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|---|---|
| ***Specify Name of Ethics Committee*** | **Ethics Committee of Hospital das Clinicas University of S Paulo** |
| ***Was the Declaration of Helsinki followed?*** | **Yes** |
| ***Was informed consent obtained from the patients?*** | **Yes** |