

## USE OF MESH FOR PELVIC ORGAN PROLAPSE REPAIR: A SURVEY OF ATTITUDES AMONG ISRAELI UROGYNECOLOGISTS. ARE WE JUMPING THE GUN?

### Aim of study

Frustration with long term results of classic pelvic organ prolapse (POP) repair techniques is a strong driving force for change of practice by introduction of the use of mesh. In this survey we aim to document the present practice of Israeli urogynecological surgeons for POP repair.

### Study design, materials and methods

An e-mail questionnaire on the respondent's opinion of the use of mesh for urogenital prolapse repair was sent to all the 22 practicing full time Urogynecologists in Israel. All well updated and trained for pelvic floor surgery including use of mesh. They were asked to answer the questionnaire by intention to treat, without relation to cost. The questionnaire included 10 questions, of which 7 were to be answered on a visual analogue scale, and the rest were case presentation to be answered in free text.

### Results

Nineteen urogynecologists (86.4%) responded and all answers were appropriate for further analysis. 53% of the responders prefer the use of the mesh in primary POP repair but less than half of them in patients older than 70 years. 94% use mesh in recurrent repair only and 58% use it in celibate women. Chronic diseases such as diabetes mellitus were considered contraindication for mesh repair by 53% of the responders. In menopausal women, 36% of the responders preserve the uterus with significant uterine prolapse and 48% with significant elongation of the cervix. The use of mesh in women with grade 3 uterine prolapse and grade 3 cystocele and rectocele depends mainly on age. Only 6% were in favour of using mesh at 80 years of age, and 47% at the age of 55 or less.

### Interpretation of results

It is clear that POP repair is in the midst of a transition period because of disappointing long term results from traditional repairs and the emerging of novel means. It appears from this survey that a substantial number of Israeli urogynaecologists adopt these new techniques in their practice, so much so that they:

- a. Use mesh in women desiring further fertility.
- b. Change from traditional sacrouterine and cardinal ligament reinforcement at vaginal hysterectomy to maintaining support with mesh only without removing the uterus in older women or women that do not desire further vaginal intercourse.

### Concluding message

It appears that Israeli urogynecologists are jumping the gun in our practice of POP repair.

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<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	NONE