

## MINIMALLY INVASIVE SURGICAL TREATMENT OF COMPLEX GENITAL PROLAPSE IN ELDERLY WOMEN – IMPACT ON QUALITY OF LIFE

### Hypothesis / aims of study

To evaluate the impact on quality of life of minimally invasive surgery for complex genital prolapse in elderly women. The transvaginal approach was used for polypropylene mesh repair of complex pelvic floor defects.(1)

### Study design, materials and methods

In a prospective study, between January 2007-January 2009, we evaluated 21 women aged 70 or older, presenting with genital prolapsed of grade 3 and 4 (C3/H3/E3/R3). Seven patients received an anterior polypropylene mesh, one patient a posterior mesh and 13 a total/complex/double/combined mesh. A tension-free suburethral tape/sling was placed via the transobturator route, during the same intervention, in 9 patients presenting with stress urinary incontinence. Two patients presented a previous history of hysterectomy. Patients were evaluated preoperatively and at least at 6 months postoperatively. Anatomical results were evaluated using the POP-Q index(Pelvic Organ Prolapse Quantification) and the functional ones by questionnaires addressing the pelvic symptoms (PFDI SF20) and quality of life (SF-36v2).

### Results

All patients were evaluated 6 months after the procedure. Cystocele recidivated in one patient. Neither vaginal erosions nor impaired bladder emptying were observed. Post-surgical complications consisted of: urinary infection, de novo urinary stress incontinence (n=2), de novo overactive bladder (n=4), constipation ( n=2). All complications were treated and patients were reevaluated at 12 months. The method seems to be effective in treating complex genital prolapse in elderly women.

### Interpretation of results

A significant improvement ( $p<0,001$ ) in patient quality of life was observed, as reflected by the questionnaires.

### Concluding message

The transvaginal placement of a polypropylene mesh is a long-term effective, safe and minimally invasive method for improving quality of life in elderly women presenting with complex genital prolapse. The post-surgical complications are not frequent and can be treated.

### References

1. de Tayrac R, Devoldere G, Renaudie J, Villard P, Guilbaud O, Eglin G; French Ugytex Study Group-Prolapse repair by vaginal route using a new protected low-weight polypropylene mesh: 1-year functional and anatomical outcome in a prospective multicentre study. *Int Urogynecol J Pelvic Floor Dysfunct.* 2007 Mar;18(3):251-6

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<b><i>Is this a clinical trial?</i></b>	<b>No</b>
<b><i>What were the subjects in the study?</i></b>	<b>HUMAN</b>
<b><i>Was this study approved by an ethics committee?</i></b>	<b>No</b>
<b><i>This study did not require ethics committee approval because</i></b>	<b>Tha surgical technique is approved in Romania.</b>
<b><i>Was the Declaration of Helsinki followed?</i></b>	<b>Yes</b>
<b><i>Was informed consent obtained from the patients?</i></b>	<b>Yes</b>