

ANATOMICAL, QUALITY OF LIFE AND SEXUAL FUNCTION OUTCOMES FOLLOWING ANTERIOR PROLIFT FOR RECURRENT ANTERIOR VAGINAL WALL PROLAPSE

Hypothesis / aims of study

Anterior vaginal wall prolapse is the most common site of recurrence following vaginal prolapse repair. Prolift is a device which employs a type 1 polypropylene mesh with securing arms to the pelvic side wall. There is limited data on the anatomical and functional outcome of Prolift for recurrent vaginal prolapse (1). This study aims to assess anatomical, quality of life and sexual function along with mesh extrusion rate at six, 12 and 24 months in women who had anterior Prolift for recurrent anterior vaginal wall prolapse.

Study design, materials and methods

Ethical committee approval was obtained and patient consent obtained prior to participation. 61 women with recurrent anterior vaginal wall prolapse at or beyond the hymen were prospectively followed after an Anterior Prolift. Prolapse was assessed at pre op and six, 12 and 24 months post operatively using the pelvic organ prolapse quantification system (POP-Q), prolapse quality of life questionnaire (P-QOL) and pelvic organ prolapse/urinary incontinence sexual function questionnaire (PISQ-SF). Patients' perception of improvement was assessed using the global impression of improvement.

Results

At six, 12 and 24 months, none of the patients had worse anatomical prolapse in the anterior wall compared to baseline. At 24 months, 56 women had point Ba above -1. Three women needed further vault surgery. On global impression of improvement, 56 women felt their prolapse was either much better or very much better compared to pre op. Two women felt her prolapse was the same and three felt their prolapse was worse. 50 women reported improvement in quality of life domains and prolapse symptoms at six months that was maintained at 24 months. Patients' voiding symptoms improved following surgery with no change in other urinary or bowel symptoms. 45 women reported improvement in sexual function post operatively. 12 patients (19.6%) had evidence of mesh extrusion; ten of them needed surgical treatment.

Interpretation of results

Anterior Prolift results in anatomical improvement of anterior wall prolapse in 90% of women that is maintained at 24 months. This is also reflected in improvement in quality of life domains. Lower urinary tract symptoms did not change except for improved voiding symptoms. There is higher than expected vaginal mesh erosion rate, probably due to patients' selection with recurrent anterior wall prolapse.

Concluding message

This is one of the first reports on long term anatomical, quality of life and sexual outcomes in women who had Anterior Prolift for recurrent anterior wall prolapse. Anterior Prolift appears to improve quality of life, prolapse symptoms and vaginal anatomy that persist at 24 months. Despite a mesh extrusion rate of 19%, patients' report improvement in sexual function and global impression of improvement that is maintained at 24 months.

References

1. B. Fatton , J. Amblard, P. Debodinance, M. Cosson and B. Jacquetin. Transvaginal repair of genital prolapse: preliminary results of a new tension-free vaginal mesh (Prolift™ technique)—a case series multicentric study Int Urogyn J (2007);18: 743-52

<i>Specify source of funding or grant</i>	None
<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	Yes
<i>Specify Name of Ethics Committee</i>	Central Manchester Local Research Ethics Committee
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes