PELVIC ORGAN PROLAPSE REPAIR WITH PROLIFT TRANSVAGINAL MESH: RETROSPECTIVE STUDY OF 118 CASES.

Hypothesis / aims of study
AIM: The aim of this study was an evaluation of safety and efficacy of surgical management of female pelvic organ prolapse (POP) with application of transvaginal synthetic meshes (Prolift, Gynecare).

Study design, materials and methods
METHODS: The present retrospective study comprised 118 patients who underwent surgery at Urogynecology department of our Clinic between January 2005 and December 2008. All patients had a genital prolapse stage 3-4 according to POP-Q International Continence Society classification. According to each case, prosthetic interposition was total, or anterior only or posterior only. In total, forty anterior (33.9%), twelve posterior (10.1%) and sixty-six total Prolift procedures (55.9%) were performed. Patients were systematically seen within 1 month, 3 months and 12 months after surgery. Multivariate statistical analysis followed a model of logistic regression applied to each post-surgical complication.

Results
The mean age of patients was 64.6 years. The mean follow-up period was 7 months (3-36). Eighty patients reported symptoms resolution (67.8%). Another 31 females considered their symptoms significantly improved (26.3%) after prolapse repair. Failure of mesh surgery was found in 7 patients (5.9%). All patients with prolapse recurrence had isolated anterior (6) either posterior meshes (1). Only two patients have had concomitant hysterectomy during POP repair.

In–surgery complications were three bladder wounds (2.5%), one rectal wound (0.8%), two vascular injuries (1.7%) and three hemorrhages greater that 200 mL (2.5%). Among early post-surgical complications (during the first month after surgery) were eight pelvic hematomas (6.8%), three cases of urinary retention (2.5%). Among late post-surgical complications there were seven erosions (5.9%), two cases of persistent pelvic pain (1.7%), three UTIs (2.5%), seven de novo SUI (5.9%) and four de novo urge incontinence (3.4%).

Interpretation of results
Management of genital prolapse with synthetic prostheses interposed through vaginal approach is safe and efficient method. It can be reproduced with a low rate of peri- and early post-surgical complications.

Concluding message
Transvaginal Prolift Mesh technique is effective and safe method of treatment of genital prolapse with a low rate of peri- and early post-surgical complications. However further randomized clinical trials are needed to recommend this technique as the gold standard.