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SURGICAL TREATMENT OF VAGINAL ANTERIOR, POSTERIOR AND VAULT PROLAPSE USING PROLIFT® SYSTEM

Hypothesis / aims of study

To present a series of 87 cases of vaginal prolapse which was repaired using prolene mesh (Prolift®).

Study design, materials and methods

We operated 87 patients diagnosed of vaginal vault prolapse, cystocele and rectocele. Intervention indications were the recurrence of prolapse and large lateral or paravaginal defects. The study before surgery consisted of the classification of prolapse according to the international standardization of POP-Q *(Pelvic Organ Prolapse Quantification)*. All patients underwent a stress test with 250 mL of saline, after reducing the prolapse with a pessary. The study was completed by cystometrogram when the test was positive.

Menopausal patients (n=41) were treated with topical estrogen before surgery in order to improve the quality of the vaginal mucosa. The results were evaluated in relation to the pelvic static, the clinic referred by the patient and the degree of satisfaction expressed by an analogue scale, performing an assessment at 6 weeks, 6 months and 12 months after intervention.

Results

Patients had a mean age of 60.5 years (range 41-72), average number of births of 3.5 (range 2-6) and an average body mass index (BMI) of 28.62 kg/m2 (range 19-35). There were intraoperative complications (moderate bleeding and haematoma) in 3% of the interventions.

Six weeks after intervention, 93.3% had no prolapse and were asymptomatic and at 6 months there was a relapse rate of 15%. After a year, the rate of recurrence rose to 24% while 92% of women were asymptomatic at 12 months after surgery. The degree of satisfaction was high in 82.9% of patients, half in 12.5% and low at 4.6%. Cases with low levels of satisfaction were related to residual pain.

Mean operating time of the interventions was 55 minutes (range 40-90), with a clear decrease as surgeons were practicing the technique. The average hospital stay was 2 days (range 1-4).

Interpretation of results

The effectiveness of the treatment of vaginal vault prolapse depends on the surgeon's experience. Prolift® system allows for greater tension on the tissues affected by the hernia defect, through fit and safe places that are used to fix the mesh, such as the arch tendon, fascia and the obturator membrane and sacrosciatic ligament.

Comparing this technique with others such as colposacropexy with mesh through vaginal, abdominal or laparoscopic application, Prolift® system is easier, so theoretically should have less chance of complications especially those caused by anchors in the sacrum. Prolift® system does not require laparotomy, and allows repairing the defect while maintaining the indemnity from the rest of the anatomy of the pelvic floor, apart from not requiring the resection of the vagina mucosa, therefore it is not shortened. In addition, complies with good bio-integration as a prosthetic mesh and has a low rate of extrusion, a 6.4% in our series.

Concluding message

The Prolift® system appears as an advantageous technique for the resolution of pelvic floor defects such as cystocele, rectocele and the vaginal vault prolapse.

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Is this a clinical trial?	**No**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**Yes**
Specify Name of Ethics Committee	**Ethics Committee of Maternal and Child Hospital, Las Palmas, Canary Island, Spain**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**