

TRANSVAGINAL CYSTOCELE REPAIR BY THE TRANSOBTURATOR APPROACH. MEDIUM-TERM ANATOMIC AND FUNCTIONAL RESULTS.

Hypothesis / aims of study

Synthetic meshes were developed in order to reduce pelvic organ prolapse recurrence rate and to simplify reconstructive surgical procedures. Since efficiency and low morbidity of the transobturator approach in stress urinary incontinence was demonstrated, this route has been developed for subvesical mesh placement for cystocele repair [1]. Cystocele mesh repair by transobturator approach seems to be promising regarding its high efficiency but several cases of hemorrhagic complications are presently being described [2]. The aim of this study is to assess peri-operative complications and mid-term anatomical and functional efficiency.

Study design, materials and methods

Prospective single-center study. 62 consecutive patients with grade II cystocele or more (Ba \geq -1 cm) were included in the study. All patients underwent cystocele repair using a sub-vesical polypropylene mesh placed by transobturator approach. Objective and subjective cure rates, satisfaction index and complications were assessed.

Results

Mean age was 67.0 (7.8) years. Mean body mass index (BMI) was 24.6 (3.5). Fifteen patients (24.2%) had an isolated cystocele repair. Associated surgery was performed in 47 patients (75.8%). Objective cure rate was 95.2%. One major hemorrhagic complication (1.6%) occurred. Mean (SD) hospital stay duration was 4.2 (0.8) days. Mean (SD) follow-up was 27.0 (8.4) months. Two cases of anatomic failure (3.3%) with recurrent grade III cystocele 6 months after surgery were observed. Six mesh exposures (9.8%) occurred. Mean satisfaction index was 7.9/10.

Interpretation of results

Cystocele mesh repair by transobturator approach is an efficient technique with high satisfaction rate. Despite good anatomical and functional results, its morbidity is still important, with high mesh exposure rate and rare but potentially severe hemorrhagic complication. This technique should therefore not be considered as minimally invasive any more. Further studies with sufficient follow-up and larger anatomic studies are needed before wider diffusion of these techniques.

Concluding message

Transobturator cystocele mesh repair is an efficient technique with high satisfaction rate but associated with high mesh exposure risk and rare but severe hemorrhagic risk.

References

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Specify source of funding or grant	No source of funding or grant
Is this a clinical trial?	Yes
Is this study registered in a public clinical trials registry?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	No
This study did not require ethics committee approval because	Retrospective study
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes