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## Introduction

The use of a mesh in pelvic organ prolapse (POP) repair reduces the risk of recurrence but exposes to specific complications. In the VIGI-MESH registry 0.9% of the meshes had to be removed [1].

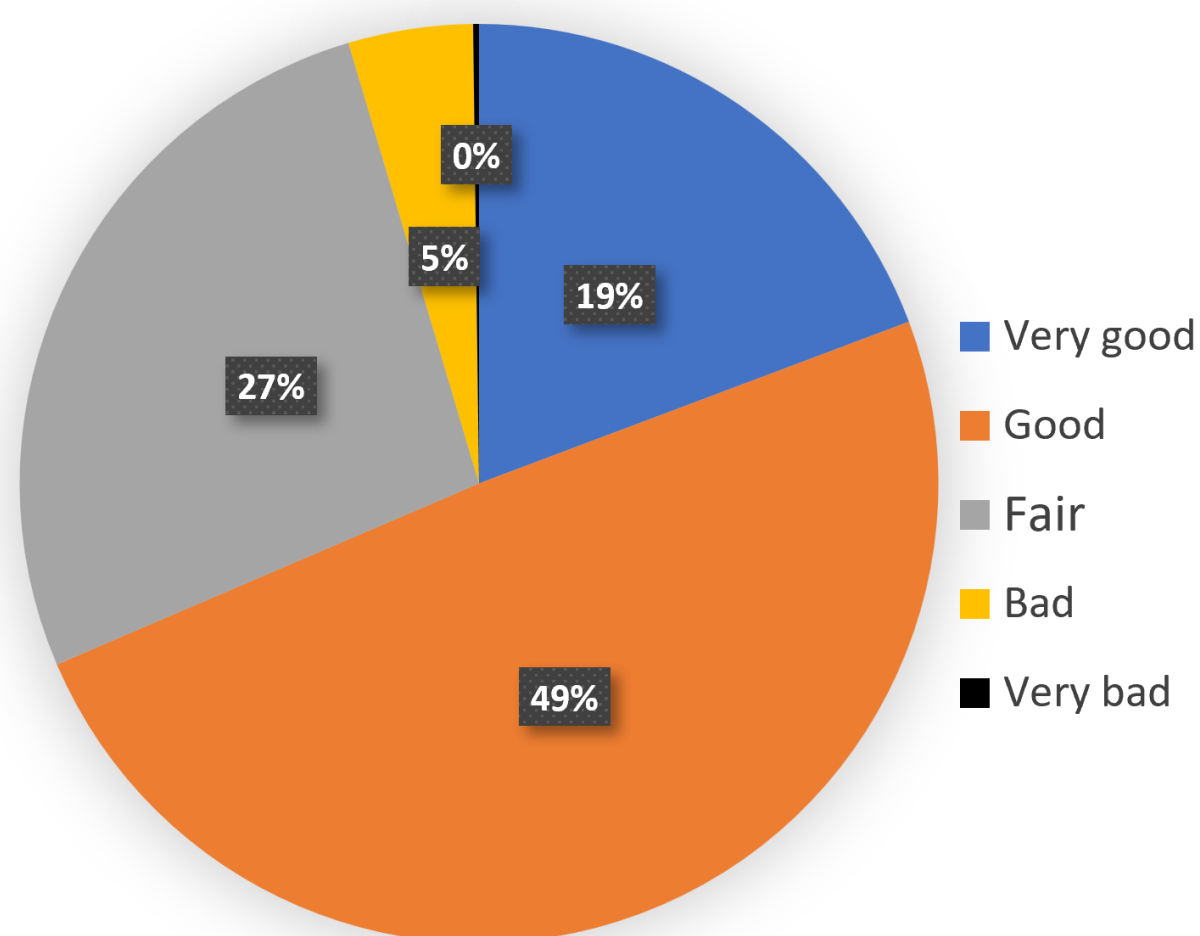
Our objective was to estimate the perceived health of women participating in the registry according to the type of surgical repair and to compare the perceived health of operated women to that of women of the same age in the French population.

## Results

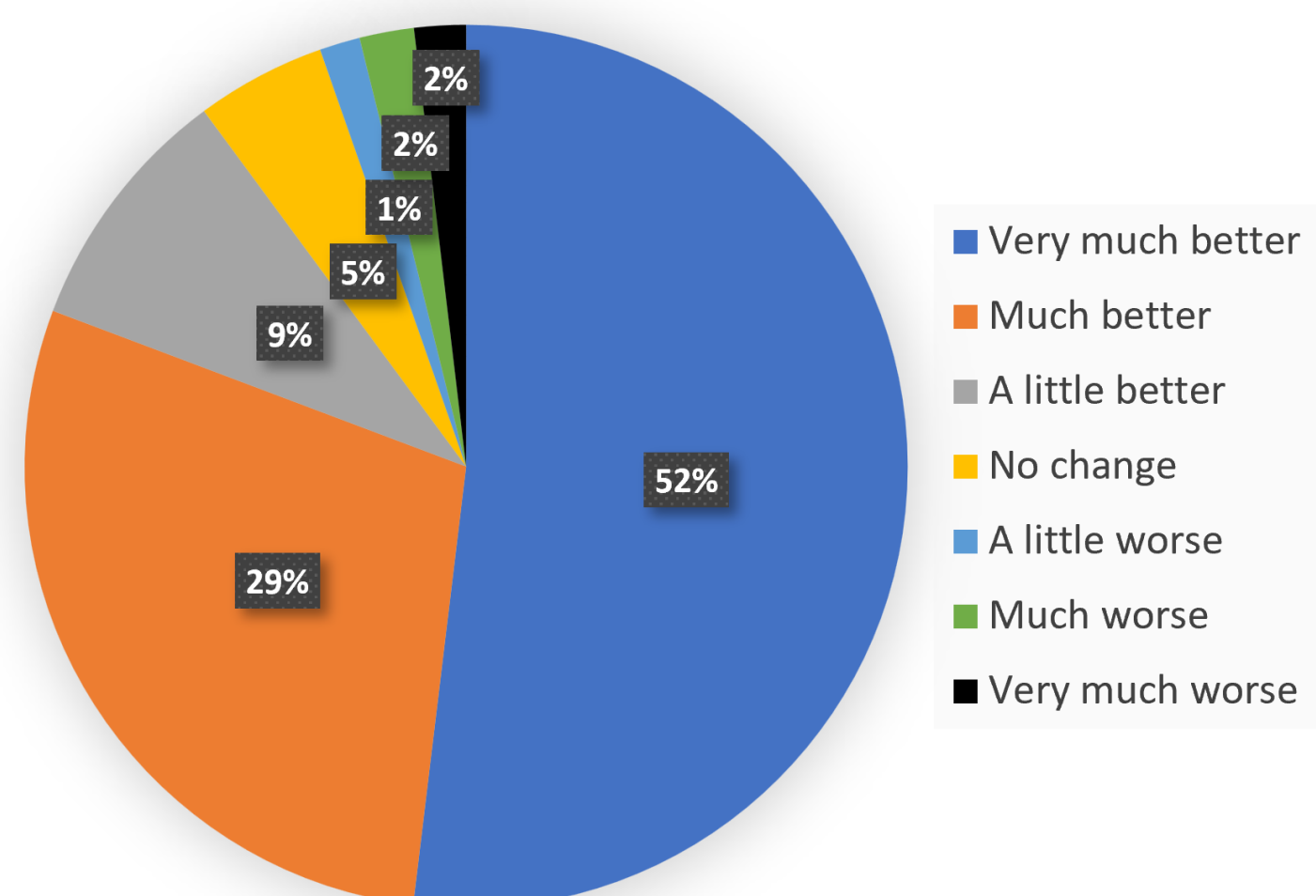
Among the 3530 women who underwent POP repair between 2017 and 2020 and received our questionnaire, 2038 responded (58%) within an average of 28 months after their surgery.

Mean age was 68 years, 23% had a history of urinary incontinence or POP repair before the index surgery; and 45% reported at least one comorbidity; 5% experimented a complication (Clavien-Dindo Grade III or more) after urinary incontinence or POP surgery (before or after the index surgery). Index surgery was a vaginal repair for 481 women, a transvaginal mesh for 532, a laparoscopic sacropepy for 1007, and another abdominal procedure for 18.

### Perceived Health (MEHM)



### Improvement (PGI-I)



## Methods and Materials

Since 2017, in 26 French surgical centres, participation in VIGI-MESH registry [1] was offered to all women who underwent POP repair. We sent to women with a known postal address a health questionnaire to measure several patient reported outcomes:

- Impression of improvement (PGI-I),
- Quality of life (EuroQoL-5D), and
- Perceived health status (Minimum European Health Module, MEHM).

Additionally, each woman was encouraged to express herself freely on her health status. These free answers were qualitatively analysed and classified in several domains including pain potentially related to the index surgery, urinary disorders (incontinence, urgency, obstructed micturition, or urinary tract infections), anorectal disorders (incontinence, difficult defecation, constipation, diarrhea), and possible recurrence of the prolapse.

She was considered improved if responding *much better* or *very much better* (versus *a little better*, *no change*, *a little worse*, *much worse*, or *very much worse*, PGI-I). Perceived health status was considered good when responding *very good* or *good* (versus *fair*, *bad*, or *very bad*) to: *How is your health in general?* (MEHM). The presence of one or more comorbidities was defined as a positive response to: *Do you have any longstanding illness or health problem?* (MEHM). She was considered severely limited if responding *severely limited* (versus *not limited at all* or *limited but not severely*) to: *For at least the past 6 months, to what extent have you been limited because of a health problem in activities people usually do?* (MEHM). She was considered extremely painful if she reported an *extreme pain or discomfort* (EuroQoL-5D).

Women's responses were analysed according to their age, comorbidities, type of surgical repair (vaginal repair, transvaginal mesh, or sacropepy by laparoscopy), the need for further surgery for incontinence or prolapse, and the occurrence of a Clavien-Dindo grade III or higher complication (multivariate analysis by logistic regression). We also compared the perceived health of the operated women to French women of the same age surveyed by EuroStat [2].

Women considered themselves improved in 81% of cases, while 5% considered themselves worsened (Figure). They considered their health status to be *good* or *very good* in 68% of cases (Figure), which was much higher than the rate of good or very good health status observed in the population of French women of the same age (52% according to EuroStat data for the year 2020). The median of the quality-of-life scale was 80 (out of 100). 7.0% of them felt severely limited in their activities. 4.2% reported extreme pain or discomfort.

Good health was less frequent in older women (OR 0.99 by year), if comorbidity (OR 0.23), or history of complication (OR 0.45); there was no difference by type of surgical repair (multivariate analysis). Impression of improvement was less frequent if comorbidity (OR 0.53) or history of complication (OR 0.32); there was no difference according to type of surgical repair (multivariate analysis). Severe limitation was more frequent if comorbidity (OR 4.80), or new surgery for urinary incontinence or prolapse (OR 1.94); there was no difference according to the type of surgical repair (multivariate analysis). Extreme pain or discomfort was more frequent if comorbidity (OR 4.36) or previous complication (OR 2.64); there was no difference according to the type of surgical repair (multivariate analysis). The mean quality-of-life scale was similar in the three main surgical groups (vaginal repair, transvaginal mesh, and laparoscopic sacropepy).

In the free part of the questionnaire, 5.7% reported pain potentially related to surgery, 14% urinary disorders, 5.4% anorectal disorders, and 5.0% recurrence of POP. Pain was reported more often if comorbidity (7.8 versus 4.0%, OR 2.21). Urinary disorders were reported more often if comorbidity (16 versus 12% OR 1.38), or new surgery for incontinence or prolapse (20 versus 13%, OR 1.70). Anorectal disorders were reported more often if comorbidity (6.6 versus 4.5%, OR 1.60). Recurrence of prolapse was reported less often in the transvaginal mesh group than in the vaginal repair group (3.0 versus 6.4%, OR 0.53).

## Discussion

A large majority were improved by the repair of their prolapse.

Perceived health status was most often good and higher than in the general population.

A poor health status was associated with ageing, comorbidities, and complications, but not with the type of surgical repair of prolapse.

## Conclusions

In the medium term and in routine care, pelvic organ repair improved the health status of a large proportion of women; the use of a mesh was not associated with poorer health; the occurrence of a post-operative complication worsened health status.

## References

- [1] Fritel et al. Serious complications and recurrences after pelvic organ prolapse surgery for 2309 women in the VIGI-MESH registry. BJOG 2022.  
 [2] <https://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do>