

LONG TERM OUTCOMES OF VAGINAL PELVIC FLOOR REPAIR USING AN ULTRA LIGHTWEIGHT MESH

Red Alinsod, MD, FACOG, FACS, ACGE, South Coast Urogynecology, Laguna Beach, CA

ABSTRACT

Objective

To assess the anatomic restoration, short and long term complications and quality of life outcomes in a cohort of women with symptomatic pelvic organ prolapse undergoing vaginal repair by and restoration of at least one compartment using an ultra lightweight macroporous polypropylene mesh (Restorelle™, Mpathy Medical).

Study Design

Retrospective cohort study by a single urogynecologist.

Population

201 women who underwent surgical management of uterovaginal prolapse with ultra lightweight mesh between November 2005 and October 2008. 360 meshes were implanted. Follow-up was 3-36 months, mean 22 months.

Entrant demography

Mean age 54 years, Parity 2.5

Prolapse assessment

177 cystoceles, 183 rectoceles, 106 enteroceles, 56 vault prolapses, 69 uterine prolapse. All were Grade II or higher except two Grade I cystoceles.

Surgical Methods*

175 anterior vaginal mesh repairs were by arcus fixation and 2 had site-specific repair. 180 had posterior mesh fixation with apical fixation to the sacrospinous ligament complex and 3 had site-specific repair. (145 incontinence slings were placed.)

Results

POP-Q assessment: 99.5% maintained at -2 or better.
Quality of Life Assessment: 93% good/very good; 7% fair.
Mesh was not palpable unless there was a protrusion.

Complications*

2 pulmonary emboli, 1 pneumonia, 1 de novo SUI, 2 de novo OAB, 3 urinary retention, 1 perineal wound breakdown, 1 (0.3%) mesh erosion, 2 (0.6%) mesh extrusions, 1 (0.5%) new dyspareunia.

Summary

This is a substantial series with long term follow-up which demonstrates that the use of an ultra lightweight mesh (Restorelle™) is associated with a 99.5% cure rate and an erosion/exposure rate of under 1%. New dyspareunia associated with fibrosed vagina was virtually absent in this group and the mesh was not palpable postoperatively unless an extrusion was present.

*60 aesthetic vulvovaginal procedures are excluded.

This paper was presented in a closed meeting at AAGL, Las Vegas, NV, 30th October 2008.