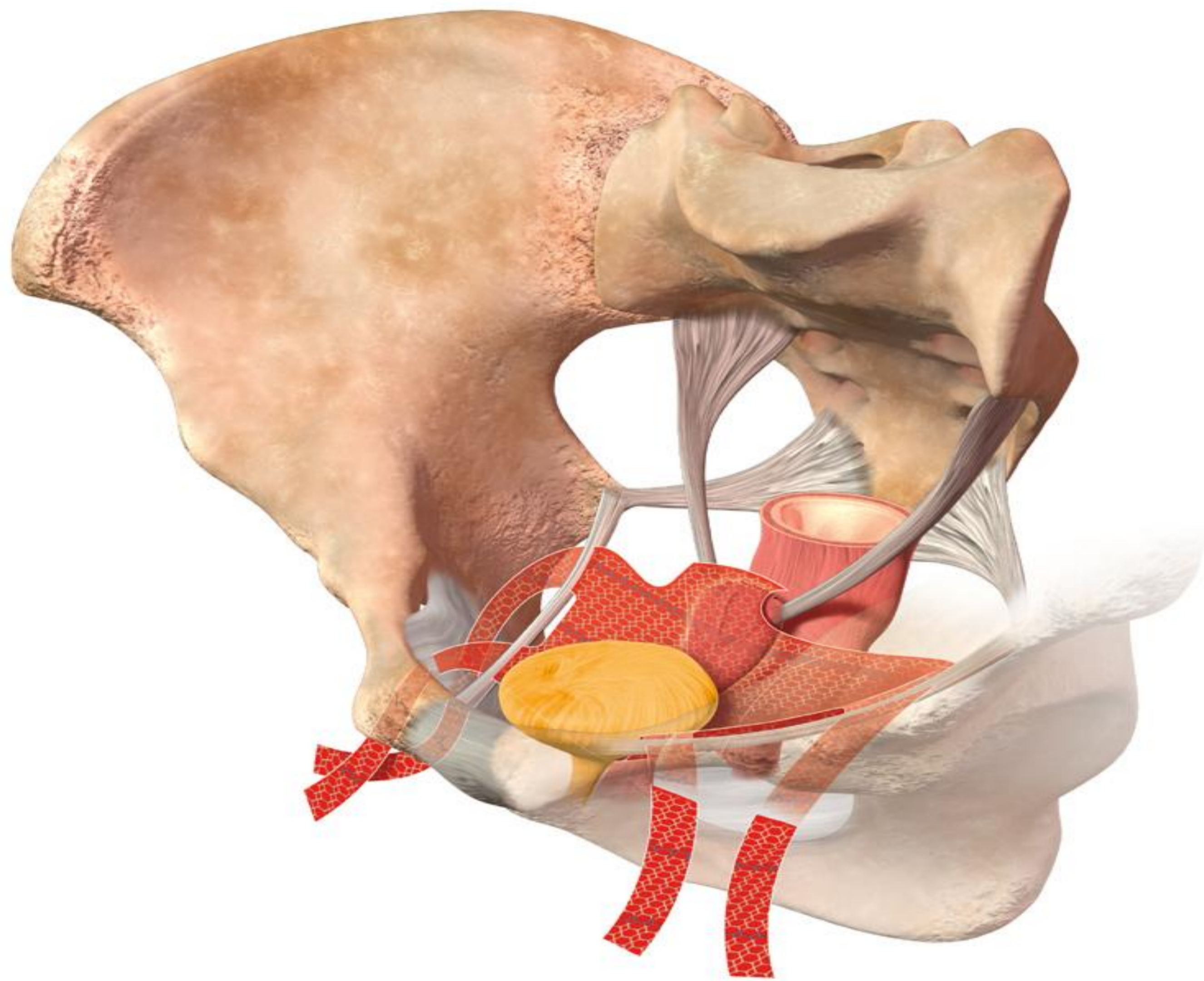


Clinical efficacy of a trocar guided mesh kit for the repair of lateral paravaginal defects

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Conclusion

Trocar guided transvaginal mesh kit is superior to traditional anterior colporrhaphy with regard to the correction of lateral defects and restoration of vaginal topography. However, the optimal use of trocar guided mesh kits in routine clinical practise requires further studying and long-term follow-up to determine durability of success.

Introduction

It has been hypothesized that use of trocar guided mesh kits may improve outcomes for anterior vaginal wall prolapse repair since the mesh covers not only a central defect but also extends laterally and supports a defect in the arcus tendineus fasciae pelvis junction. Although accumulating evidence suggest that the use of mesh in general improves anatomic outcomes for anterior vaginal wall prolapse repair, very few studies have examined the outcomes for lateral paravaginal defects.

Aim

To assess the effects of anterior trocar guided transvaginal mesh repair versus anterior colporrhaphy on lateral defects one year after surgery.

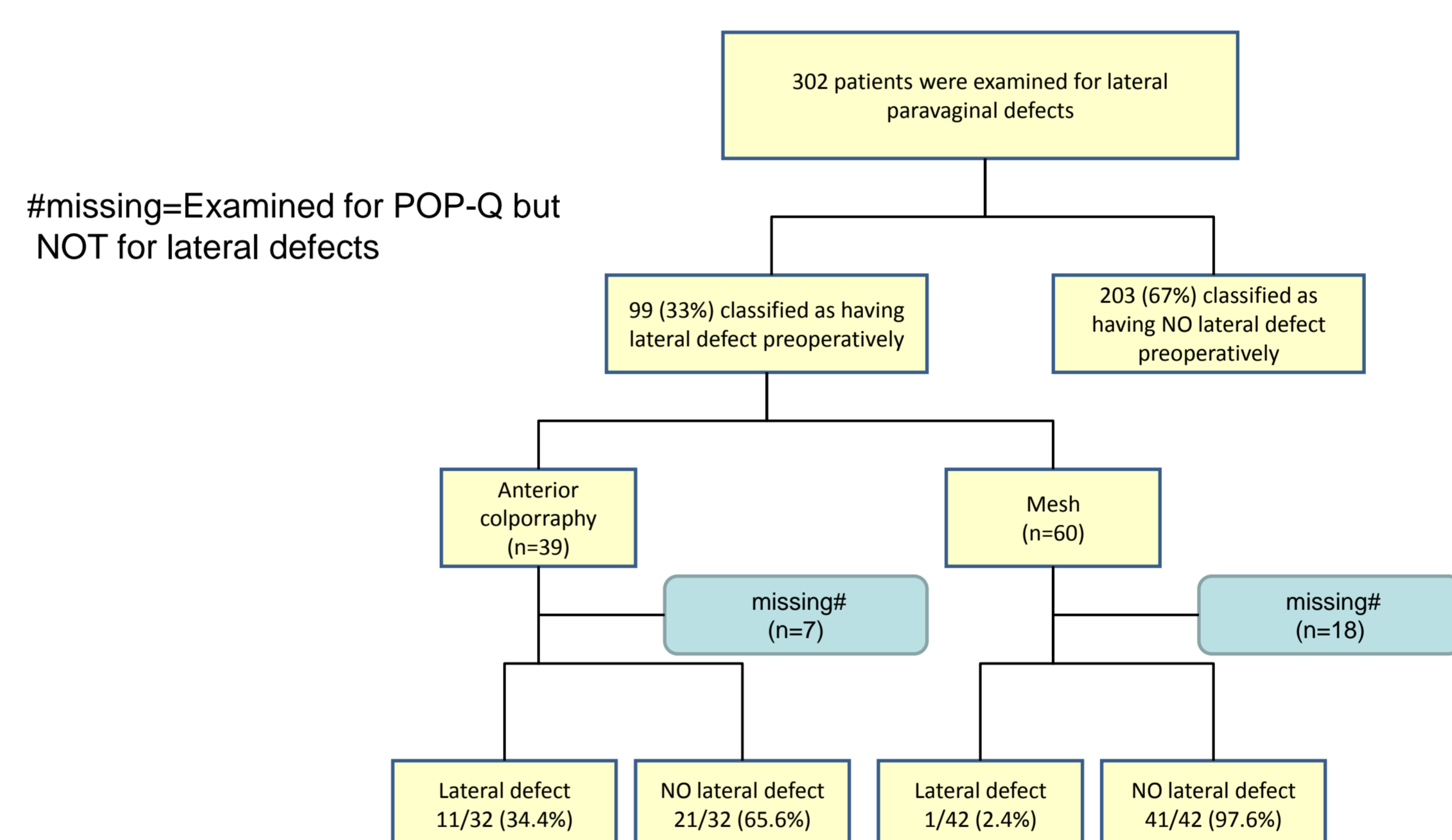
Materials and Methods

A prospective, randomized multicenter trial enrolling 99 patients: 39 underwent anterior colporrhaphy and 60 anterior trocar guided transvaginal mesh. Assessment of lateral paravaginal defects in the anterior vaginal wall was performed pre- and one year postoperatively.

Results

One year after surgery, a persistent lateral paravaginal defect was significantly more common after colporrhaphy compared to transvaginal mesh (11/32 (34.4%) vs 1/42 (2.4%), $P < 0.001$). However, patients in the colporrhaphy group had successful correction of their lateral defects in 66% of the cases.

Figure 1. Flowchart of the study



Comparison between groups at 1-year follow up.

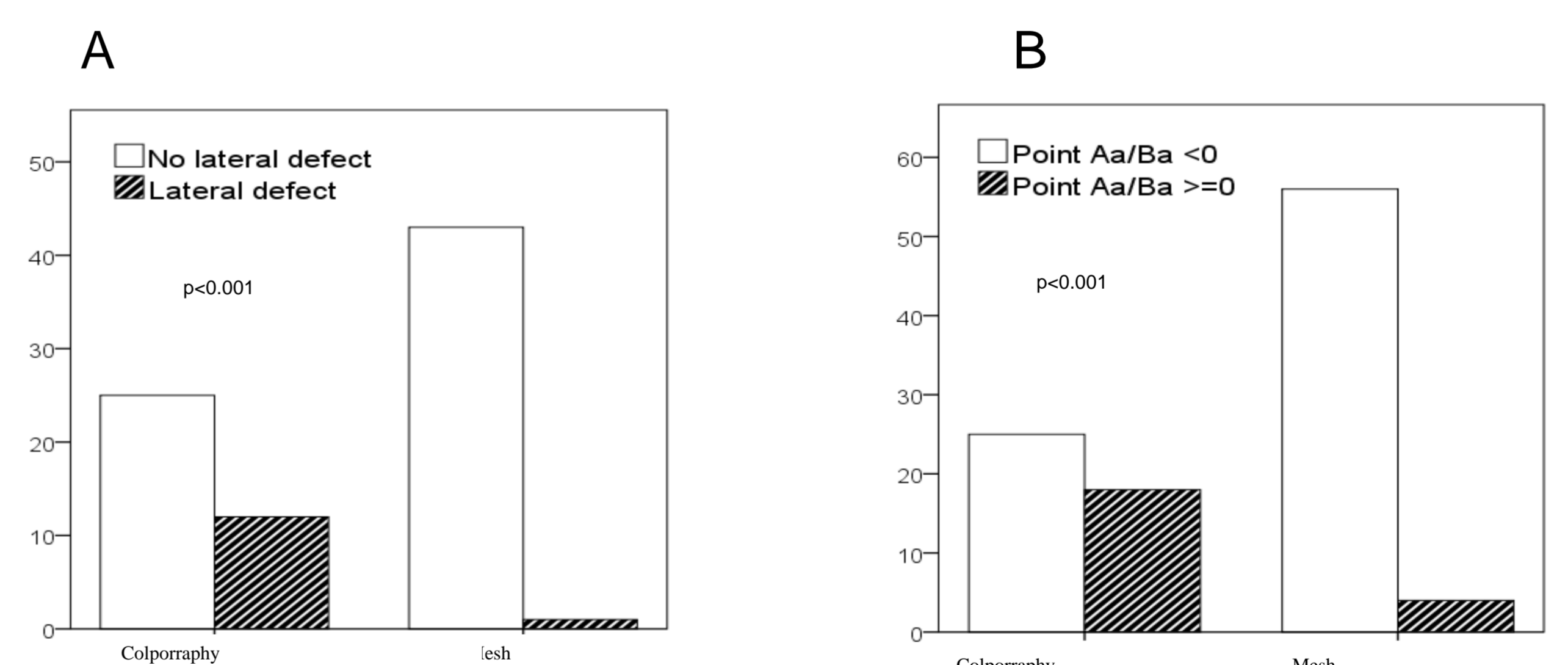


Figure A: Less lateral defects in the mesh group compared to the colporrhaphy group at the one year follow up.

Figure B: Better anatomical outcome in the mesh group compared to the colporrhaphy group at the one year follow up.



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