

COMPLICATIONS IN THE TREATMENT OF PELVIC ORGAN PROLAPSE THROUGH TRANSVAGINAL MESH WITH MINIMUM FOLLOW-UP OF 4 YEARS

Rodríguez Cabello M A¹, Laso García I M¹, Jiménez Cidre M A¹, Orosa Andrada A¹, Carracedo Calvo D¹, Gómez De Vicente J M¹, López-Fando Lavalle L¹, Burgos Revilla F J¹
¹-Hospital Universitario Ramón y Cajal. Madrid. Spain.

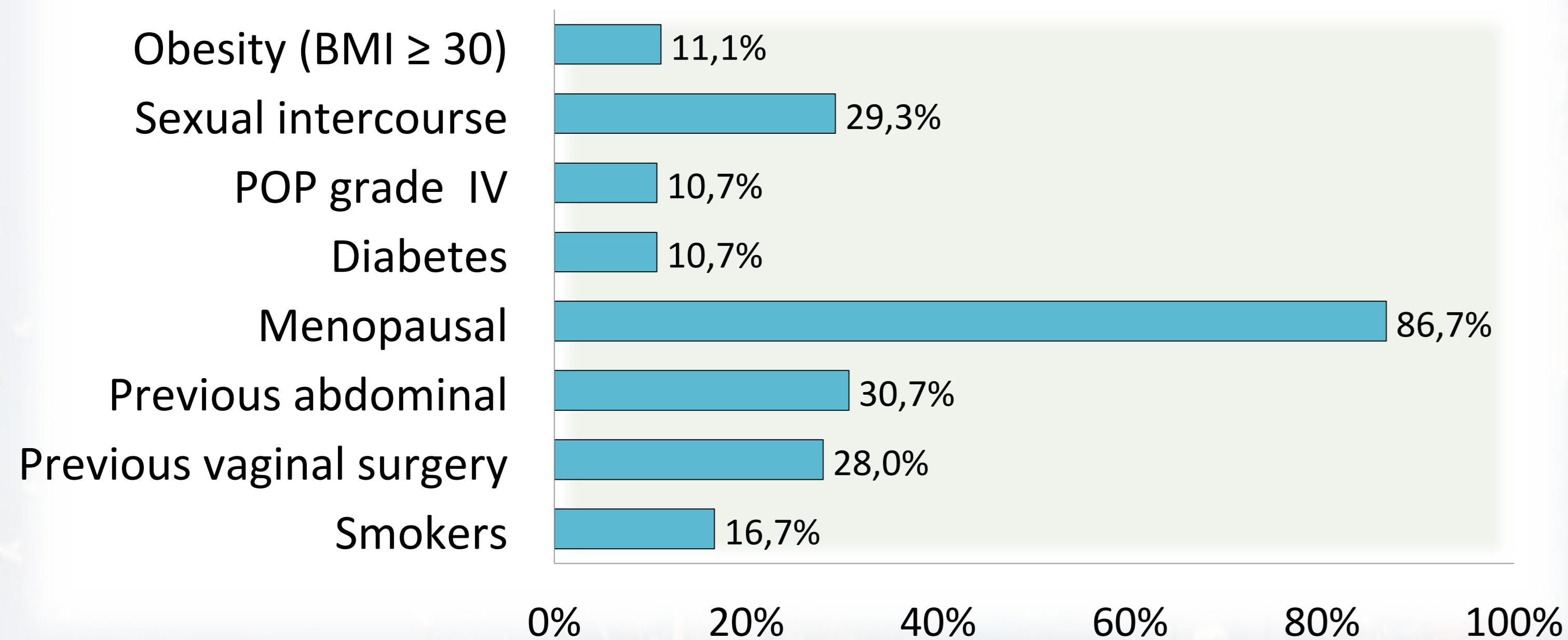
Hypothesis and aim of study:

Data are scarce in the literature with regard to complications beyond 2 years after pelvic organ prolapse (POP) surgery with transvaginal mesh (TVM). Analysis of complications and time of appearance in the surgical treatment of POP with TVM.

Study design, materials and methods:

- Prospective observational study
- 75 women subsequently treated
- POP grade \geq II in any compartment (Baden and Walker scale)
- Surgery between November 2005 and December 2008, learning-curve included since the first operated patient
- Tension-free transvaginal mesh Prolift®
- Complete mesh: 70, anterior: 4, posterior: 1 (same surgeon)
- 30 patients (40%) underwent concomitant treatment due to stress urinary incontinence
- Median age of 67.6 (46.4 – 85.1)
- Median BMI of 26.1 (20.4 – 43)
- Average follow-up of 60 months (SD 17.6), minimum of 48 months
- Monitoring period schedule: 1, 3, 6 and 12 months, and then annually (or under patient requirement)

Relevant past medical records (%)



Results:

Anatomical:

POP correction (grade < 2 in any compartment) in 62/68 patients (91.2%)

POP recurrence

Compartment	N	Grade	No further surgery was required
• Middle	4	II	
	2	III	
• Anterior	1	II	
• Posterior	1	II	

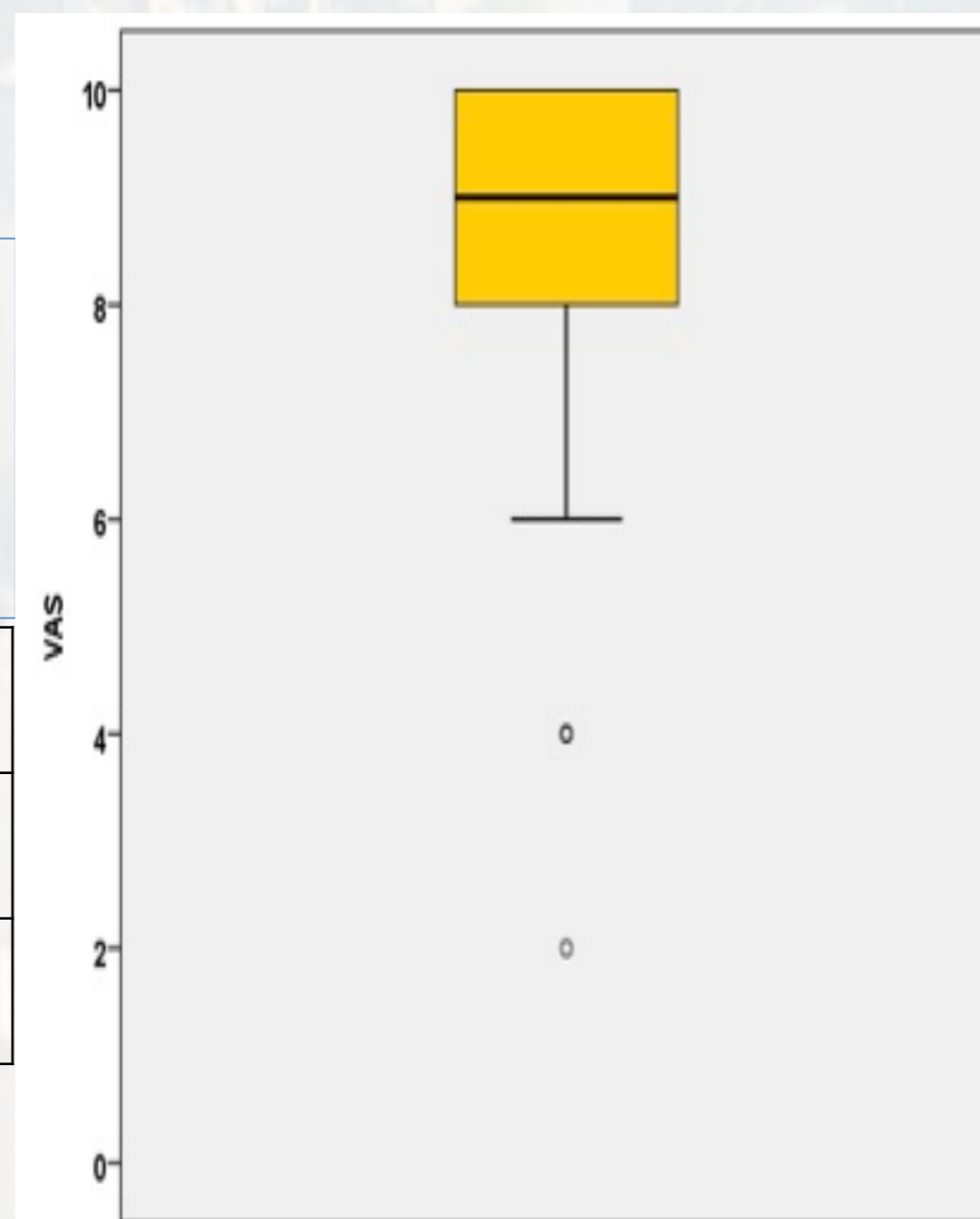
Subjective:

Subjective VAS evaluation of results:

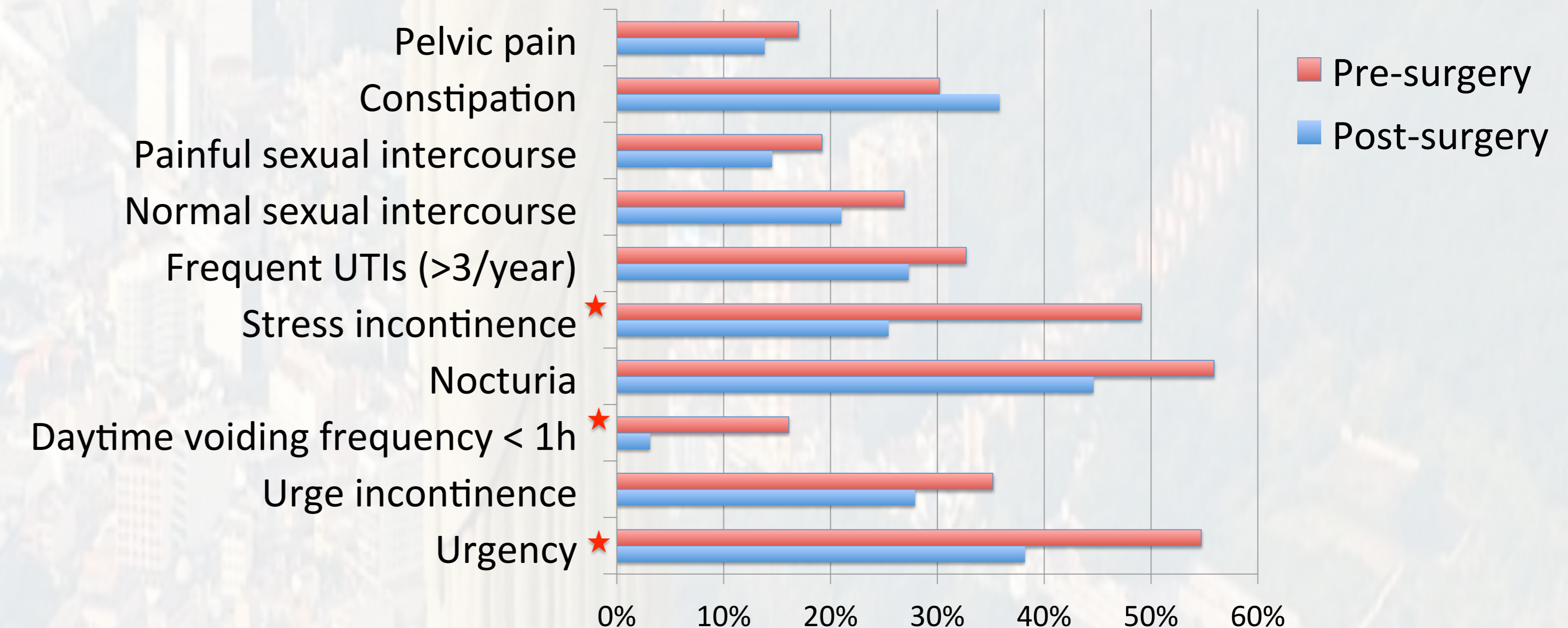
- Median VAS: 9/10
 (min 2 – 1 patient; max 10 – 27 patients –)

BSW Questionnaire	Benefit	96.7%
	Satisfaction	96.7%
	Willing to continue	79.7%

(Subjective results evaluated by non validated questionnaires).



Functional:



Statistically significant improvement ($p < 0,05$)

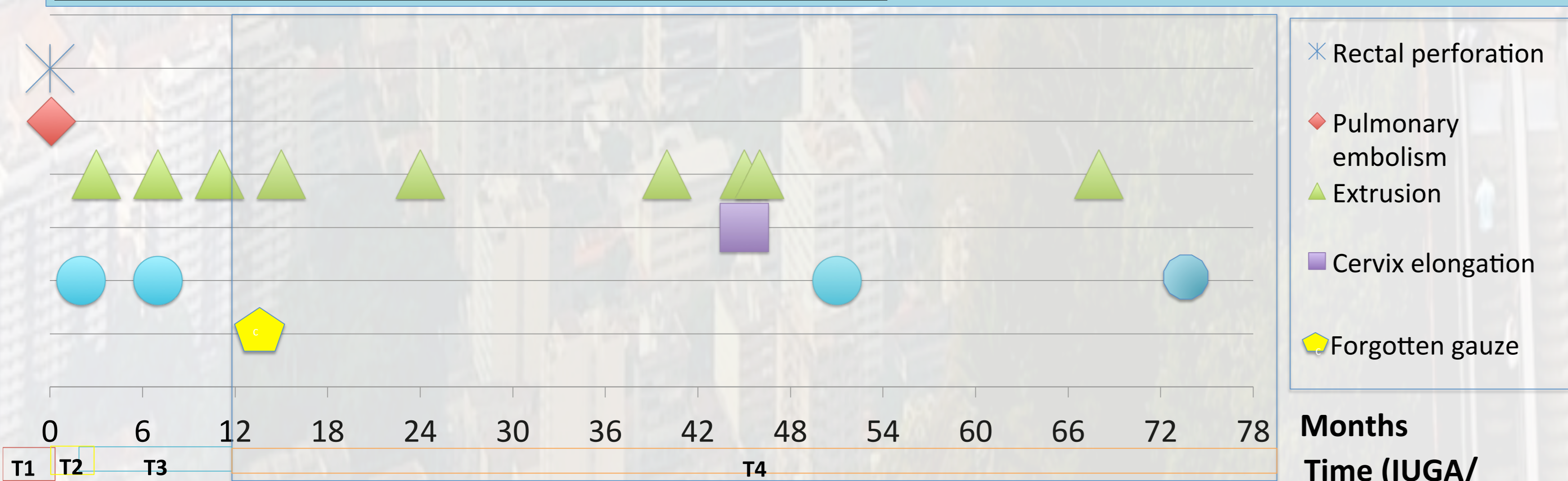
Complications:

Early complications	N %	IUGA/ICS classification	Clavien-Dindo classification	Reoperation (%)
• Rectal perforation	1 (1.3%)	5BT1S2	III	Intraoperative reparation
• Pulmonary embolism	1 (1.3%)	7BT2S5	IV	Resolution with medical treatment
TOTAL	2 (2.6%)	-	-	0%

- Average loss of haemoglobin: 1.91 g/dl (SD: 1.36). Transfusion rate: 0/75.
- No visceral, vascular or nerve lesions. No infection complications related to mesh, fistula or abscess.

Late complications	N %	IUGA/ICS classification	Clavien-Dindo classification	Reoperation (%)
• Extrusion	9 (13.2%)	3AT4S2 (3) 3BT4S2 (3) 3AT3S2 (3)	6 grade I 3 grade IIIa	3 (4.4%), one twice
• Cervix elongation	1 (1.5%)	1BT4S2	III	1 (1.5%)
• Forgotten gauze	1 (1.5%)	6AT4S2	III	1 (1.5%)
• De novo pain	4 (5.9%)	1BT3S2 (2) 1BT4S2 (2)	I	0 (0%)
TOTAL	15 (22%)	-	-	6 (8.9%)

Complications represented on a time chart



Concluding message:

- Rate of serious complications was low and similar to what is described in the literature. Subsequent management was effective when required.
- There were many complications even after 3 years of surgery. For this reason we advice the importance of long-term follow-up of these patients.