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García Serna I¹, Navarro Monje M¹, Román de la Peña A¹, Gonzalez Tejero C¹, Marina García Tuñón C M¹, Montoya García C F¹, Vazquez Camino F¹, Del Olmo Bautista S¹, Alvarez Gonzalez A¹, Arnal Burró A¹, Castroviejo Royo F¹, Martinez Sagarra J M¹

1. Hospital universitario Río Hortega

CLASSIC SURGERY VS MESHES IN LATER COMPARTMENT PROLAPSE

Hypothesis / aims of study

In our study we want to evaluate the results of surgical treatment using meshes opposite to classic surgery in women diagnosed of symptomatic later compartment prolapse in the department of Gynecology of our hospital. With this study, we want to conclude that with the use of meshes we get great results with a minimally invasive surgery.

Study design, materials and methods

We perform a retrospective study that included 67 women diagnosed with rectocele of I-II grade, symptomatic treated in our hospital between January 2012 to December 2013.

After a correct follow-up of patients and exhausting the possibilities of conservative treatment, surgical treatment in our sample is decided getting two sides, one with propylene meshes technique in a percentage of women 80.59% of cases and use of classical surgery (colporrhaphy higher) in the remaining 19.40%. The choice of one or the other technique is random and it is decided intraoperatively depending on the situation of the patient's individualized case.

Results

Analyzing complications in both study groups we find the following results in our group of patients : if you look closely at the 54 women (80.59 %) in our study were treated with technical mesh , we find a rate of 9.26% immediate postoperative complications that resolved before discharge (postoperative urinary retention and hematoma) needs 2 more days of hospital stay before working out and not having the same impact on the evolution of the patient and 13% of complications long term (3 months) that resolved after 6 months (only 1.85% will last more than 6 months and a favorable subsequent evolution). On the other hand if you look at the group of patients treated with standard techniques we find 1% of immediate complications postsurgical in 13 women treated with these techniques , which is a 19.41 % of the total and 20% of late complications found in reviews conducted to 3 months in 85.6 % persist beyond 6 months and which despite not having a major impact on the quality of life of recovery patients are more problematic than previous.

Interpretation of results

In this study, the women's sample in both groups is unequal, but nevertheless, analyzing the type of complications and its persistence, in the women who have been submitted with mesh techniques found no complications that exceed 6 months or longer nor significantly affect the quality of life for them, which does occur in women tapped by conventional surgery.

Concluding message

Faced with last publications emerged about the complications associated with the surgical treatment of pelvic organ prolapse (FDA 2011) our study shows that long-term complications in women treated with traditional surgery outweigh the impact on quality of life patients implanted with the mesh technique.

Disclosures

Funding: No source of funding **Clinical Trial:** No **Subjects:** NONE