

## EXPERIENCED SURGEON EQUATES LOW INTRAOPERATIVE COMPLICATION RATES AFTER PROLIFT TRANSVAGINAL MESH REPAIR FOR PELVIC ORGAN PROLAPSE

### Hypothesis / aims of study

Widespread concern regarding the frequency of complications associated with transvaginal mesh repair have led to removal of several mesh kits from the market. Surgical skill and experience are known to play a role in reducing complication rates.

Aims: To report single surgeon data on intra operative complications, short term post operative complications, rates of mesh exposure and additional surgery to correct complications associated with mesh.

### Study design, materials and methods

159 consecutive women who underwent transvaginal mesh repair with Prolift pelvic floor repair system, Gynaecare Ethicon, between January 2009 to January 2012 by a single experienced urogynaecologist for surgical correction of their prolapse were identified using theatre records and formed the study population.

The type and frequency of intraoperative, short term post operative complications, mesh exposure rates and need for further surgery to correct post operative complications associated with mesh were documented using a standardised proforma.

### Results

Average age of the study population was 63 years. (Range 39-87 years)

Mean BMI was 28.5 (Range 20-40)

86% (n=138/159) had a previous hysterectomy.

Majority of our patients were postmenopausal with vault descent or recurrent prolapse.

98% (n=156/159) patients did not have any intraoperative complications.

0.62% (n=1/159) had a bladder injury.

1.25% (n=2/159) patients had intraoperative blood loss of more than 500 mls of which 1 patient needed a blood transfusion. 8.8%

(n=14/159) had pyrexia (1 episode -24 hours) post operatively.

24 patients were lost to follow up.

29% (n=40/135) experienced new onset bladder symptoms.

20% (n=33/159) had a concomitant MUS procedure. 45% (n=15/33) of these patients developed new bladder symptoms.

1% (n=2/159) in the study group had dyspareunia.

Mesh erosion was noted in 4% in the entire group (n=6/135) at follow up.

Our reoperation rate to correct post operative complications associated with transvaginal mesh surgery was 13% (n=18/135).

### Interpretation of results

Our results bear testimony to the fact that low intraoperative complication rate can be achieved in the hands of an surgeon experienced in the operative technique.

### Concluding message

Our retrospective project revealed a very low intraoperative complication rate. All our patients had their procedure performed by a single highly experienced urogynaecologist.

13% (n=18/135) needed further surgery to correct post operative complications associated with mesh repair.

### References

1. Maher, C., et al., Surgical management of pelvic organ prolapse in women. The Cochrane database of systematic reviews, 2013. 4: p. CD004014.

### Disclosures

**Funding:** none **Clinical Trial:** No **Subjects:** NONE