Surgical Repair of Severe Prolapse with Surelift System

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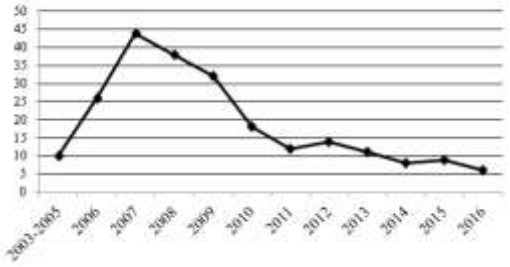
Introduction: Pelvic organ prolapse (POP) can have a significant negative impact on pelvic organ function and quality of life. Mesh surgery could provide better results than classic surgery in patients with a high risk of recurrence but it can be associated with higher blood loss and longer operating time, de novo stress urinary incontinence and risk of mesh exposure, pain or shrinkage.

A lot of meshes have been used. Some of them are not currently marketed because of its complication rate.

Objective: The main aim of this study was to assess the outcomes of a specific mesh with adjustable sacrospinous anchor fixation (Surelift^{TM} with Anchorsure^{TM} application system-Neomedic International, Spain), in terms of objective cure rates and patient satisfaction. Secondary objectives were to evaluate the clinical profile of our patients and adverse events.

Methods: Retrospective study. Since 2003 up until july/2017, a total of 232 patients with symptomatic POP underwent surgical repair using vaginal polypropilene mesh (figure 1). Of these, 29 women with the condition-specific POP quantification stage (POP-Q)>II were treated using a Surelift mesh, which are being used since 2010. We have recorded the clinical data and urogynecologycal examination before and 1, 6, 12 months after surgery and yearly after. Objective cure was defined as a POP-Q stage <II. We have distinguished between recurrence (failure in the treated compartment) and another compartment prolapse. We have follow the Clavien-Dindo classification of postoperative complications and IUGA/ICS terminology for mesh complications.

Fig. 1. Number of mesh surgeries by year



Results: Patient characteristics are summarized in table 1. Average total operating time was 103.6 min (45-300) and estimated blood loss was 187 ml (50-1500). There was one rectal and one vesical perforation with good evolution. Unusual bleeding occurred in 2 patients, one of them required transfusion. Other surgical data are presented in table 2.

Average time of follow-up after procedure was 37.5months (range 1-83). There were 8 recurrences in the same compartment. The average time of recurrence was at 13 months from surgery (1-35). Only one woman was symptomatic after the mesh removal at the 5th day after surgery because of the only mesh infection that we have had. A pessary was used to alleviate symptoms with good adherence and tolerance. There were 6 prolapses of other compartments with an average time of recurrence of 30 months after surgery (9-75). Four women were asymptomatic and only two required surgical treatment.

No erosions or extrusions were detected. Vaginal pain was reported by 5 patients at first month of follow-up but only 2 at six months and none later. Hypogastric pain was referred by one patient who already had it before the surgery. The subjective rate of success was 89.7%.

Conclusions: In our experience, Surelift repair of POP offers a good anatomical support and patient satisfaction at median and long time follow-up. We offer a mesh repair surgery in menopausic and overweighted women with severe prolapse (III/IV POP-Q stage) with previous hysterectomy or/and pelvic floor surgery. Careful patient selection and counseling are essential to obtain good results and minimal complications.

Table 1. Patient characteristics

Age, average (rank)	63.7 (41-74)
Parity, average (rank)	2.52 (2-3)
Body mass index, average (rank)	28.2 (21-35)
Previous hysterectomy, n (%)	14 (48.3%)
Previous pelvic floor surgery, n (%)	11 (37.9%)
Previous incontinence surgery, n (%)	5 (17.2%)
Menopause	96.3%
Absence of urinary symptoms	32.1%
POP-Q III, n (%)	23 (79.3%)
POP-Q IV, n (%)	6 (20.7%)

Table 2. Surgical data

Type of mesh	
Anterior mesh, n (%)	18 (62.1)
Posterior mesh, n (%)	5 (17.2)
Apical band (Surelift Link), n (%)	6 (20.7)
Concomitant surgery	
Hysterectomy, n (%)	8 (27.6%)
Anterior repair, n (%)	4 (13.8%)
Posterior repair, n (%)	8 (27.6%)
Suburetral tape, n (%)	3 (10.3%)
Other, n (%)	5 (17.2%)