Modern Medicine. 2015, Vol. 22, No. 4 : 339-341

Original Paper

Advanced Genital Prolapse – Mesh Surgical Treatment

O. Bratu[1,2], I. Oprea[3], D. Spînu[1,2], B. Geavlete[1,4], C. Farcas[1,2], V. Calu[5,6], A. Niculae[1,7], D. Mischianu[1,2]

[1]Clinical Department No. 3, "Carol Davila" University of Medicine and Pharmacy Bucharest
[2]Department of Urology, "Dr. Carol Davila" University Emergency Central Military Hospital, Bucharest
[3]Intensive Care Unit, "Dr. Carol Davila" University Emergency Central Military Hospital, Bucharest
[4]Department of Urology, "St. John" Emergency Clinical Hospital, Bucharest
[5]Clinical Department No. 10, "Carol Davila" University of Medicine and Pharmacy Bucharest
[6]Department of General Surgery, Elias University Emergency Hospital, Bucharest
[7]Department of Nephrology and Dialysis, "St. John" Emergency Clinical Hospital, Bucharest

REZUMAT

Prolapsul genital avansat - tratamentul chirurgical cu benzi de polipropilenă

Introducere: Prolapsul genital reprezintă o patologie frecventă la femeile adulte, fiind cauza unor numeroase complicații uro-ginecologice. Printre factorii de risc incriminați în apariția prolapsului genital se enumeră nașterile multiple, menopauza și obezitatea.

Material și metodă: Un lot de 15 paciente cu prolaps genital de gradul III și IV au fost analizate retrospectiv. Am practicat cura chirurgicală cu meșe/benzi de polipropilenă în toate cazurile, în funcție de tipul prolapsului. Pentru prolapsul anterior am folosit o meșă cu patru brațe iar pentru cel posterior o meșă cu două brațe, ancorate la ligamentul sacrospinos.

Rezultate: Timpul intervențiilor și de spitalizare a pacientelor au fost reduse și nu s-au înregistrat complicații intraoperatorii. Externarea pacientelor s-a făcut la 2-3 zile după procedură, iar evaluarea postoperatorie s-a efectuat periodic. La 3 luni postoperator au existat două recidive ale prolapsului pentru care s-a practicat ulterior histerectomie vaginală și colpocleisis.

Concluzii: Prolapsul genital reprezintă o problemă serioasă de sănătate a femeilor, cu impact negativ în ceea ce privește viața socială și activitățile zilnice. Cu ajutorul acestor proceduri timpul de intervenție s-a scurtat, rezultatele anatomice și funcționale fiind excelente, iar complicațiile postoperatorii minime. Tehnicile chirurgicale clasice, spre exemplu perineorafia au devenit inutile.

Cuvinte cheie: prolaps genital, procedură chirurgicală, meșă, prognostic

ABSTRACT

Genital prolapse represents a frequent pathology in women associating various uro-gynecological complications. The known risk factors are multiple births, menopause and obesity.

Material and methods: In a retrospective study we have analyzed 15 women with advanced genital prolapse (grade III and IV). They all underwent mesh surgical procedures, according to their pathology. For the anterior prolapse we have used a four arm polypropylene mesh and for the posterior prolapse a two arm mesh anchored to the sacrospinous ligament.

Corresponding author: Assistant Professor Bratu Ovidiu, MD, PhD
Department of Urology, "Dr. Carol Davila" Central Military Emergency University Hospital
88th Mircea Vulcanescu Street, Bucharest, Romania e-mail: ovi78doc@yahoo.com

Results: Operating time and hospitalization were brief and no major intraoperatory complications occurred. The patients were discharged 2 – 3 days after the procedure, being periodically evaluated. After three months, two relapses occurred and vaginal hysterectomy and colpocleisis was performed.
Conclusions: Genital prolapse represents a serious health condition, with direct impact on the normal social life and activities of women. With this kind of procedures, the operating time has been shortened, anatomical and functional results were excellent and due to the experience of the surgeons, the complications were practically absent. Classical surgical techniques such as perineoraphy are now becoming obsolete.

Key words: genital prolapse, mesh surgical procedure, prognosis.

INTRODUCTION

Genital prolapse is a frequent pathology in women associated with different urological and gynecological complications affecting women 's normal life [1].

It is defined as pelvic organ slipped from their anatomical position through vagina. The pelvic structures which might slip are uterus, bladder, rectum, small intestine or vaginal vault. Each one of these benefits of a specific surgical procedure [1].

Statistically, it is estimated that more than a half of women which gave birth more than a child present a grade of genital prolapse, all though only 10 – 20% of women are symptomatic [1,2].

Through the incriminated causes or risk factors of these pathology are pregnancy and multiple births, menopause with associated hormonal deficiency, anterior pelvic surgery, obesity, genetic factors [1,3,4]. Furthermore, the recent trials showed that the modified collagen architecture which enters in pelvic organs sustaining ligaments and fasciae structure is involved [1,3].

MATERIAL AND METHODS

We have retrospectively analyzed 15 female patients, between 54 and 78 years old (median age 63.8) with advanced genital prolapse (grades III and IV). According to Continence International Society these grades are defined as pelvic organ slipped beyond hymeneal ring [5,6]. It was noticed from many studies that prolapse grade has a major influence in relapses occurrence and specific complications. Therefore, a high grade prolapse requires multiple fixation techniques [5,6].

All the patients without exception were at menopausal period and they have had a 2.1 median value of births. We have not noticed a major associated pathology and 33% of the patients presented pelvis surgery in the past. All the included subjects have not had or wish an active sexual life at the moment of surgery.

We have performed in all cases the surgical procedures with polypropylene, monofilament meshes through transvaginal approach. For the anterior compartment (cystocele) we have used a transobturatory four arms mesh, and for the posterior compartment (rectocele) we have used a two arms mesh, passed through sacro-spinous ligament. Both meshes have been anchored to cervix [1,7,8].

At the beginning of procedure we have introduced an urethro-vesical catheter in order to maintain an empty bladder [8,9].

RESULTS

The median operating time was 90 minutes, blood loss was minimum and no major intraoperatory complications occurred. In some cases additional procedures were needed such as transvaginal free-tension tape (associated stress urinary incontinence), Kelly plication, conization or cervix biopsy (**Figs. 1-4**).

Urethro-vesical catheter was removed 24 – 48 hours after procedure and the patients were discharged 2 – 3 days after surgery. All the patients were advised to have a specific life style for few months and they were periodically evaluated.

After three months from the surgery, two relapses occurred (grade IV prolapse) and vaginal hysterectomy and colpocleysis was performed.

CONCLUSIONS

Genital prolapse surgery requires not only urological expertise, but also gynecological and general surgery

Figure 1. Preoperatory aspect of a Grade IV prolapse

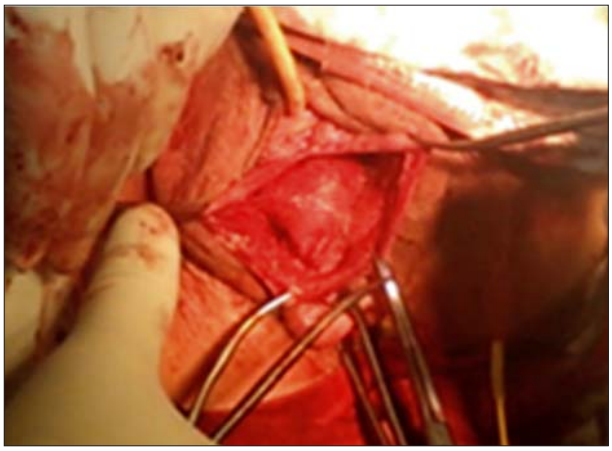

Figure 2. Anterior implant for cystocele

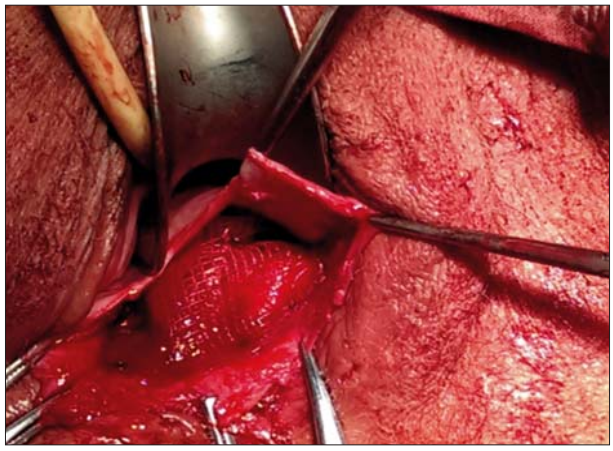

Figure 3. Posterior implant for rectocele

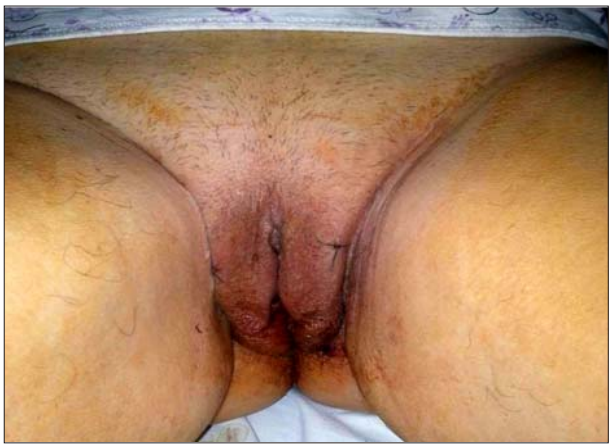

Figure 4. Postoperatory aspect

involvement. For these reason, these kinds of procedures should be performed by a specialized uro-gynecologist. In some cases unexpected surgical times might be performed and the surgeon must be well experienced and trained [10].

Actually the surgical therapy with polypropylene meshes is the gold standard treatment for this pathology, making classic techniques such as perineoraphy (increased rate of relapse) obsolete [10,11].

This kind of surgery requires patience from both doctor and patient, and anatomical and functional results are excellent, greatly increasing women quality of life [10,11].

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