

Patient satisfaction after laparoscopic lateral suspension with mesh for pelvic organ prolapse: outcome report of a continuous series of 417 patients

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Method

This study on laparoscopic lateral suspension (LLS) surgery included 417 patients. Polyethylene and polypropylene meshes, which were cut to shape by the surgical team, and the ready-made, pre-cut, titanised TiLOOP® Dubuisson mesh, that was developed specifically for LLS, were used.

Primary outcomes after 12 months:

- › Anatomical healing (POP-Q points Ba, C, and Bp of less than -1 cm was defined)
- › Subjective healing (absence of prolapse-related symptoms)
- › Patient satisfaction (determined using the Patient Global Impression of Improvement (PGI-I) Scale and a 10-point Patient Satisfaction Score)

At the follow-up examinations after 3 and 12 months, a POP-Q measurement and an anamnesis, which included targeted questions regarding symptoms of the lower urinary tract, patient satisfaction and prolapse-related symptoms, were carried out. The telephone interview regarding customer satisfaction took place at between 4 and 10 years postoperatively.

Result

Between 2003 and 2011, 417 patients underwent LLS surgery. In 247 patients, the uterus was preserved, and in 170 patients, LLS surgery was performed after a previous hysterectomy (74 patients) or with a simultaneous hysterectomy (96 patients).

- › 12 months after surgery, 21.6 % of the women reported POP symptoms, which represents a subjective healing rate of 78.4 %.
- › The proportion of sexually active women also increased: whereas 44.8 % of the women were sexually active before surgery, 12 months postoperatively, the figure rose to 57.7 %.
- › 3 and 12 months after surgery, there were significant anatomical improvements in all compartments, both clinically and statistically, whereby the objective healing rate was calculated at 91.6 % for the anterior, 93.6 % for the apical, and 85.3 % for the posterior compartment.

In 17 patients (4.3 %), who received polyethylene and polypropylene meshes, which were cut to shape by the surgical team, erosion occurred. In patients, who were treated with the ready-to-use, titanised LLS TiLOOP® Dubuisson mesh, no erosion occurred.

After an average of 7.2 years, 214 patients (51.3 %) participated in telephone interviews. The average Patient Satisfaction Score for the overall satisfaction of the patients was between 9 and 10 points. 187 patients (87.8 %) reported an improvement in their condition.

Conclusion

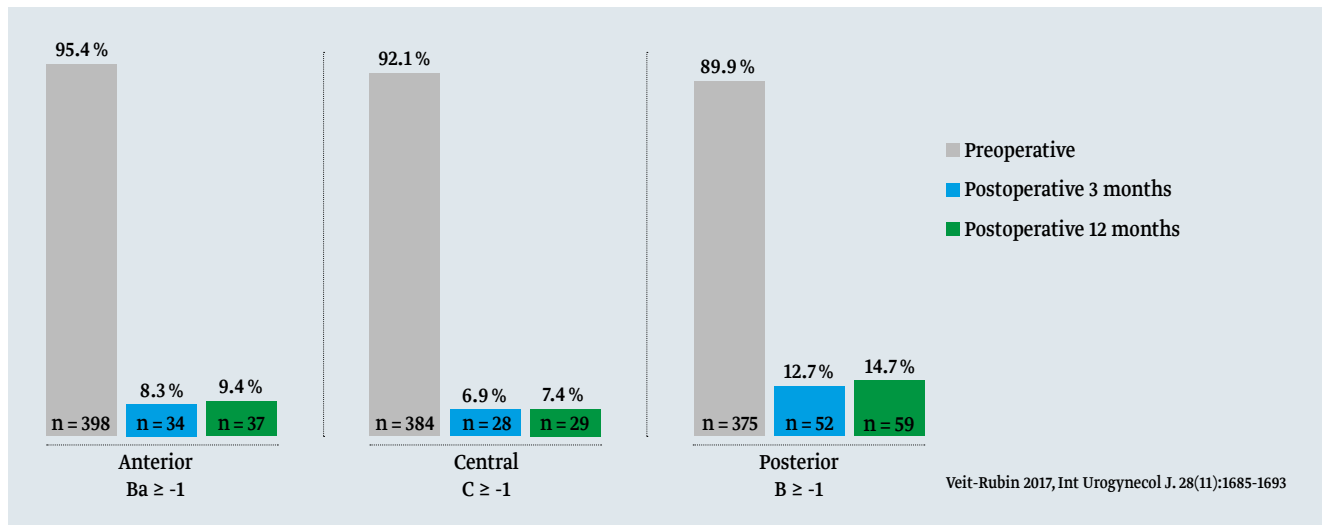
The overall success rate of over 90 % after 12 months in both the anterior and apical compartments is comparable to the success rate reported in a previous study following sacrocolpopexy and sacral hysteropexy. To summarise, the surgical correction of POP using LLS is a suitable alternative to sacrocolpopexy and can be performed with or without preservation of the uterus. Overall, the results indicate that LLS for the treatment of POP in sexually active and overweight women is an appropriate and safe alternative to sacrocolpopexy.

Level of evidence: Level II, cohort study.

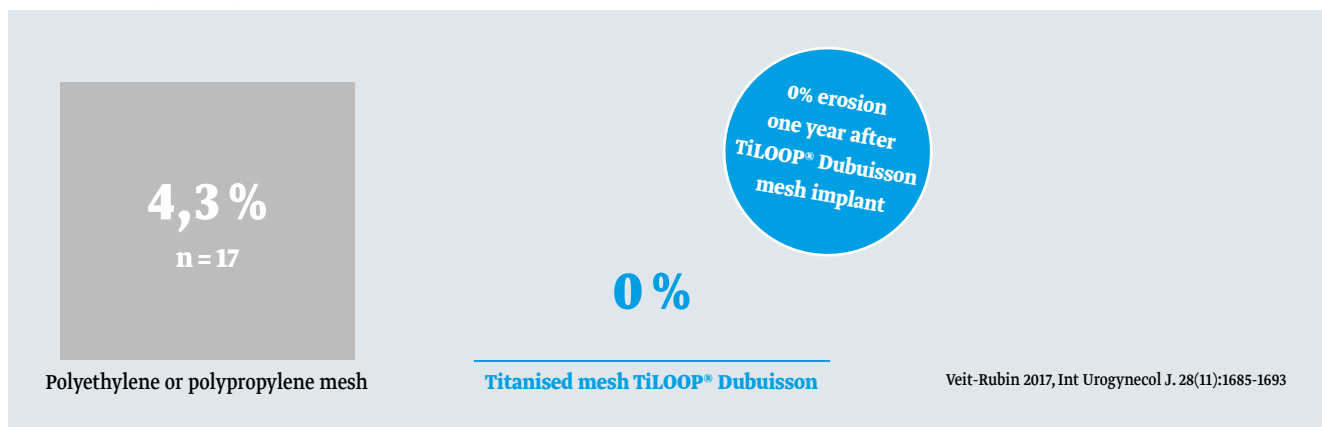
Anatomical improvement

Anatomical results and erosion rates in patients who underwent uterus-preserving laparoscopic lateral suspension surgery with a mesh implant.

Anatomical improvement



Erosion rate (n = 396)



References

Further Information:
www.pfmmedical.com/meshimplants-professionals

PubMed:
www.ncbi.nlm.nih.gov/pubmed/28417156



Contact

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