

**Study summary****Transvaginal, anchorless  
single-incision-system**› **SRS Implantat**[www.pfmmedical.com](http://www.pfmmedical.com)

## Self-Retaining-Support (SRS) Implant: an anchorless system for the treatment of pelvic organ prolapse – a 2-year follow-up

› Gil Levy, Anna Padoa, Zoltan Fekete, George Bartfai, Laszlo Pajor, Mauro Cervigni, *Int Urogynecol J.* 2018, 29(5):709-714

### Method

20 patients with anterior vaginal wall prolapse with/without involvement of the apical compartment were included. A transvaginal anchorless single-incision-system consisting of a titanised mesh and a flexible frame was used. The frame corresponds to the shape of the arcus tendineus fascia pelvis and the mesh corresponds to the endopelvic fascia. The frame bridge is positioned retropubically. Thus, neither tissue anchors nor other fixations are necessary.

### Results

- › 20 patients were treated with the SRS Implant between September 2014 and February 2015.
- › The average cut-suture time was 31.2 min.
- › No intraoperative complications occurred. The mean blood loss was 165 ml.
- › 1 frame erosion occurred after 8 months. It could be removed on an outpatient basis under local anesthesia and is due to an oversized SRS Implant.

### 2 years Follow-Up

- › No mesh erosion or chronic pain has been documented.
- › 17 patients (85 %) had a POP-Q value of 0 and 3 patients (15 %) a value of 1. (see Fig. 1)
- › Quality of life improved significantly: the overall PFDI score was reduced by 92.8 points ( $p < 0.0001$ ). (see Fig. 2)

### Conclusion

Levy et al. show that the anchorless SRS Implant is a promising alternative for the treatment of advanced anterior/apical prolapse. It is safe and effective, does not lead to intra- or directly postoperative complications and shows an optimal anatomical and subjective (QoL) healing rate.

Compared to other transvaginal meshes, the SRS Implant appears to have a significantly better safety profile and clinical benefit: no mesh erosion, avoidable frame erosion (5 %, 1/20 patients), no pain complications and no negative effects on the lower urinary tract.

**Outlook:** A weakness of this study is the limited number of patients. Therefore the SRS Implant is currently being investigated in a study with 50 patients and a follow-up of 3 years. The study is expected to be completed in 2020.

Anatomically excellent reconstruction

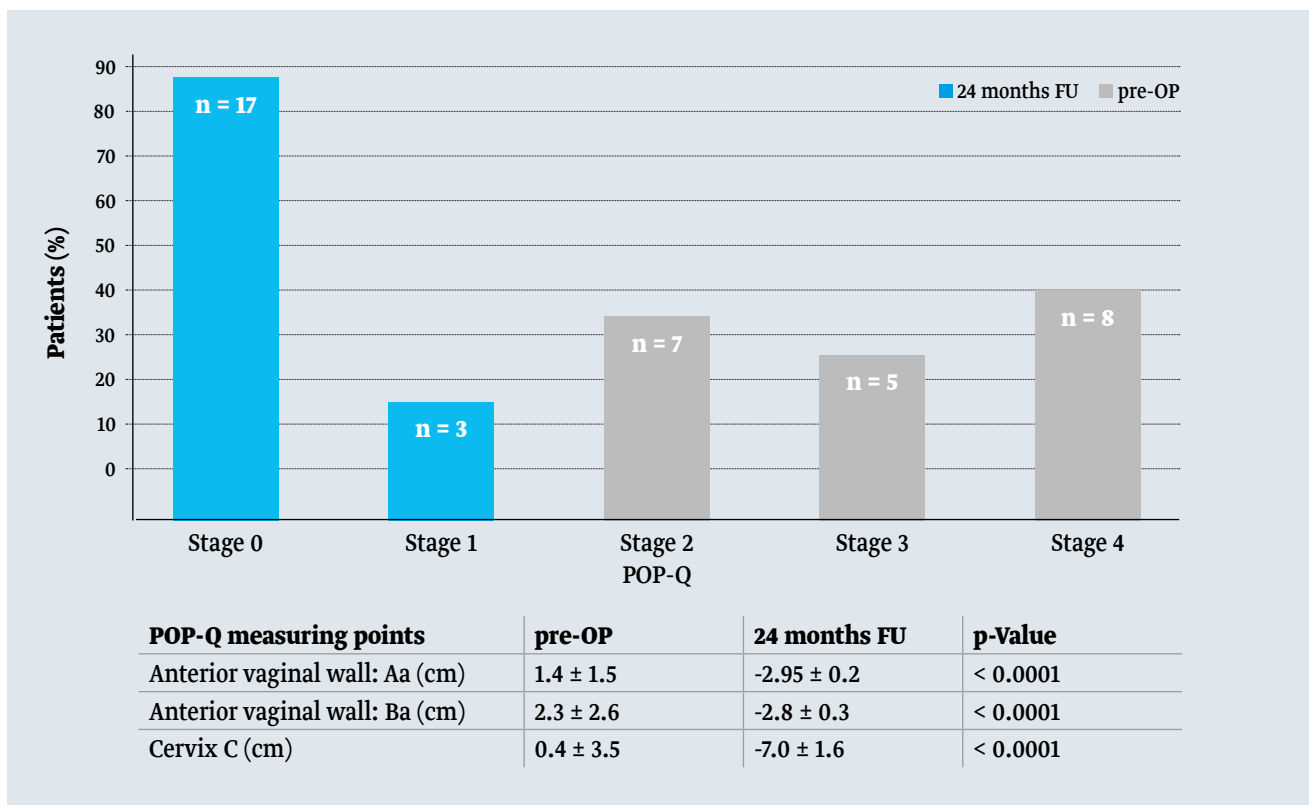


Figure 1

	pre-OP (SD)	24 months FU (SD)	Difference	p-value
<b>Total PFDI</b>				
Pelvic Floor Distress Inventory	129.8 (61.59)	37.05 (62.17)	92.75	0.0001
<b>POPDI-6</b>				
Pelvic Organ Prolapse Distress Inventory 6	53.12 (26.8)	11.18 (19.15)	41.94	< 0.0001
<b>CRADI-8</b>				
Colorectal-Anal Distress Inventory 8	27.83 (23.55)	13.32 (23.98)	14.51	0.0258
<b>UDI-6</b>				
Urinary Distress Inventory 6	48.88 (25.42)	12.54 (21.42)	36.34	0.0167
<b>PISQ-12</b>				
Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire 12	29 (NA)	34 (NA)	5	NA

Figure 2

Contact

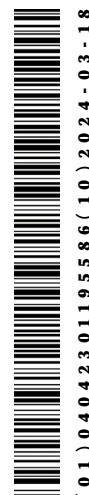
Should you have any questions our Regulatory and Clinical Affairs Team will be glad to assist you.

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