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Predictors of Outcome after Transvaginal Mesh for Pelvic Organ Prolapse

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ABSTRACT

Introduction: We aim to report outcomes and predictors of outcome of transvaginal mesh (TVM) for pelvic organ prolapse (POP). We also report frequency, severity, risk factors, and management of mesh-related complications after TVM. Materials and methods: We performed retrospective chart review of TVM performed from 2005 to 2010. There were 67 patients followed for a mean duration of eighteen months. Complications were reported using the International Continence Society and International Urogynecological Association classification system for prosthesis/graft complication. Results: Success rate was 88% (97% for anterior repair, 100% for posterior repair and 71% for combined repair) and complications occurred in 13 patients (19%), including vaginal hematoma, pelvic pain, urinary retention, dyspareunia and vaginal mesh exposure (in 9 patients). On multivariable logistic regression, recurrence was significantly higher with combined repair ($P = 0.021$), overall complication was significantly associated with younger age ($P = 0.019$), and mesh exposure was significantly associated with age and combined repair. All mesh-related complications were vaginal exposures occurring at median of 6 months postoperatively. Two patients were managed conservatively with vaginal estrogen cream, while seven patients elected surgical excision of exposed mesh with primary re-approximation of the vaginal epithelium. There were no excision-related complications, and in no case was the defect large enough to require closure with graft or secondary material. Conclusion: Combined anterior and posterior repair using TVM is associated with failure, younger age is associated with higher rate of complication, and combined repair and younger age are associated with mesh-related complication specifically.

KEYWORDS

Prolapse; Mesh; Vagina; Outcome; Complication

Cite this paper

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