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ANATOMICAL REPAIR OF VAGINAL WALL PROLAPSE WITHOUT MESH IS ASSOCIATED WITH LASTING IMPROVEMENT IN URINARY QUALITY OF LIFE

Hypothesis / aims of study

Vaginal wall prolapse is common in patients who present with moderate or severe urinary incontinence. Current methods typically employ the use of tapes or mesh in surgical repairs. We report the outcomes of anatomical repair designed to restore normal pelvic support anatomy without the use of artificial products.

Study design, materials and methods

Patients with moderate or severe stress or mixed urinary incontinence who had significant vaginal wall prolapse were treated by anatomical repairs that included open abdominal bilateral colpopexy (attachment of rectovaginal fascia of the vaginal apex to uterosacral ligaments), bilateral paravaginal repairs (attachment of pubocervical fascia to arcus tendinious fascia pelvis), and perineorrhaphy. Autologous suburethral fascial sling was used only for those with severe intrinsic sphincter deficiency. All patients from October 1998 to the present were mailed the Urogenital Distress Inventory-6 (UDI-6) and the Incontinence Impact Questionnaire (IIQ7). Patients who did not respond by mail were contacted by telephone. Patient records were reviewed and scores evaluated. Pre-operative scores for UDI6 and IIQ7 were recorded prospectively from January 2007.

Results

Of the 302 patients who underwent anatomical repair without mesh, 187 patients responded. The mean age of patients at time of surgery was 62.4 years (20-82.3 years). For all patients who responded, the mean UDI score was 4.8 (0-18), while the mean IIQ7 score was 3.9 (0-21) with a mean follow up of 3.2 years (0.1-9.5 years). Overall, 51.1% (71/139) of patients who answered reported no pad use. 42.2% (68/161) of patients reported a mean use of 2.2 pads per day. 76.5% (140/183) patients in this group had undergone previous hysterectomy; 68.2% (127/186) of patients had undergone any type of "sling" placement in the past and 24.0% (44/184) of patients had undergone a "bladder tack".
Thirty seven patients who had paired pre-operative UDI and IIQ7 scores and were further analyzed. In these patients, the mean UDI score improved after surgery from 9.5 to 4.2 ($p<0.001$). IIQ7 scores improved after surgery from 11.5 to 4.9 ($p<0.001$). The mean follow up was 8.5 months. Fifty one percent (19/37) of patients underwent concomitant autologous suburethral fascial sling placement.

Interpretation of results

We report our long term results with anatomical repair of vaginal wall prolapse with or without autologous suburethral fascial sling. Patients who have a mean follow up of more than 3 years seem to have sustained benefits and reasonably urinary quality of life as assessed by self-report.

Concluding message

Our results demonstrate significant improvements in mean UDI6 and IIQ7 scores after surgery.

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What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**Yes**
Specify Name of Ethics Committee	**Institutional Review Board, Emory University**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**No**