

Evaluation of functional and anatomical results of concomitant anterior vaginal wall prolapse repair and anti-incontinence surgery using poly-vinylidene fluoride mesh

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Introduction:

- Polyvinylidene fluoride (PVDF) mesh as a synthetic material has higher biocompatibility, reduced morbidity, and less inflammatory and fibrotic reactions compared to PP.
- The peri or post-menopausal patients with high grade anterior compartment prolapse and concomitant SUI, non-responsive to conservative management, underwent double sling surgery using 4 arm PVDF mesh with trans obturator and retropubic routs.

Methodology:

- From 2015 to 2019
- 38 women with a mean (\pm SD) age of 58.91(\pm 10.73) years
- F/U at least 2 years(range: 24-60months)
- Using ICIQ-VS and ICIQ-UI-SF and POP-Q

Results:

Outcomes	n (%)
Post-operative events	
SUI recurrence	6(15)
Need for further Anti-incontinence surgery	4(10)
Urinary retention after discharge	3(7)
Persistent urinary retention	2(5)
Postoperative UTI	8(21)
Mesh erosion	0(0)

- Early onset pain: 18.42% (only one patient reported persistent pelvic pain (2.6%))
- Sense of incomplete voiding: 5.26%
- De novo urge urinary incontinence: 7.8%
- No significant mesh related complications

Conclusion:

- We have observed low complication and high success rates when using a 4-arm PVDF mesh in the double sling procedure for treating SUI and concomitant POP. Trans vaginal reconstruction with PVDF mesh could be considered as an alternative to the FDA-disapproved PP meshes.