1070

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THREE YEARS COMPLICATIONS AFTER PELVIC ORGAN PROLAPSE TREATMENT: VAGINAL MESH VS LAPAROSCOPIC SACROCOLPOPEXY

Hypothesis / aims of study

Optimal approach for pelvic organ prolapse (POP) treatment is still a controversy nowdays. especially after FDA's health alarms published in 2008,2011 and 2016. Laparoscopic surgical correction and abdominal procedures have an increasing development, especially laparoscopic sacrocolpopexy (LS). The aim of this study is evaluate complications over three years depending on surgical approach: vaginal mesh (VM) or laparoscopic sacrocolpopexy (LS).

Study design, materials and methods

Retrospective study of 213 patients with POP surgery, 75 treated with VM between 2008-2013 and 138 treated by LS between 2011-2016. We analysed sample characteristics, intraoperative and postoperative complications after 3 years follow-up.

Interpretation of results

Similar mean age between both groups, VM and LS, 65.2 vs 68.3 years old. Mean hospital stay 5.88 days (3-16) in VM and 3.77 (2-10) in SL, with mean of bladder catheter of 2.8 (1-16) and 2.73 (1-10) days respectively.

Table 1 Complications.

VARIABLE	LAPAROSCOPIC SACROCOLPOPEXY N (%)	VAGINAL MESH N (%)	p
INTRAOPERATIVE COMPLICATION	**13/138 (9,4)**	**2/75 (2,7)**	0,09
Rectal injury	2/138 (1,4)	1/75 (1,3)	
Bladder injury	9/138 (6,5)	0/75 (0)	
Forgotten gauze	0/138 (0)	1/75 (1,3)	
Ureteral injury	1/138 (0,7)	0/75 (0)	
Bowel injury	1/138 (0,7)	0/75 (0)	
REINTERVENTION	**5/138 (3,6)**	**6/75 (8,0)**	0,2
POSTOPERATIVE COMPLICATION	**19/138 (13,8)**	**5/75 (6,7)**	0,17
Obstructive uropathy	1/138	0/75	
Urinary tract infection	8/138	*	
Infection/Eventration	1/138	*	
Subcutaneous emphysema	1/138	0/75	
Urereteral fistula	1/138	0/75	
Limb pain	1/138	0/75	
Hemorrhage	2/138	*	
Epileptic seizure	1/138	0/75	
Takotsubo	1/138	0/75	
Perineal pain	0/138	4/75	
Tromboembolic event	0/138	1/75	
MESH COMPLICATION	**2/138 (1,4)**	**11/75 (14,7)**	**< 0,001**
Erosion	1/138 (0,7)	0/75 (0)	
Retraction	0/138 (0)	1/75 (1,3)	
Extrusion	1/138 (0,7)	10/75 (13,4)	

*No collected

Concluding message

In our sample, higher number of intraoperative and postoperative complications were found in LS. Nevertheless, absence of surgical infection, urinary tract infection or hemorrhage data in VM probably understimate postoperative complications. LS has lower mesh related complications, achieving statistical significance.

Disclosures

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