532

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EFFICACY OF PROLAPSE REPAIR BY VAGINAL ROUTE USING POLYPROPYLENE MESH AND TENSION-FREE VAGINAL TAPE FOR COEXISTED STRESS URINARY INCONTINENCE

Hypothesis / aims of study

The Genital prolapse with coexisted stress urinary incontinence (SUI) is a special problem to treat[1]. The aim of the present study is to assess the safety and feasibility of a new technique for treatment cystocele with coexisted SUI, using a synthetic mesh and a tape fixed in the trough the obturator.

Study design, materials and methods

This study included 19 women [age 49- 67 years old (mean 56±5)] treated between 2006 and 2007, with anterior vaginal prolapse and concurrent stress urinary incontinence. All patients had a stage 3 or 4 prolapse. The surgical procedure was carried out through a vaginal approach. Anterior synthetic mesh plus Tension free vaginal tape was used to all patients[2]. The recurenece of the anterior vaginal prolapsed and the overall rate of complications

Results

The patients were followed-up after 3, 6 and 12 months. The anatomical cure rate was 85% (stage 0), although one patient had a recurrence 12 months after surgery. Mesh exposure occurred in one patient. The success rate for SUI was 100%. On the women who return to postoperative sexual activity, de novo dysparuenia reported only in two of nineteen[3].

Interpretation of results

For the anterior vaginal wall prolapse, standard anterior repair was associated with more recurrent cystoceles and stress incontinence. When supplemented by synthetic mesh and mid urethral sling the recurrent rate is extremely rare.

Concluding message

The results suggest that this technique is safe and feasible and is a comprehensive surgical approach for anterior prolapse with concurrent SUI. Anatomical and functional results must be assessed with a long-term follow-up to confirm the effectiveness and safety

References

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Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**