

Pelvic Organ Prolapse: Are Two Mesh Procedures Better Than One?

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Disclosures



Nothing to disclose

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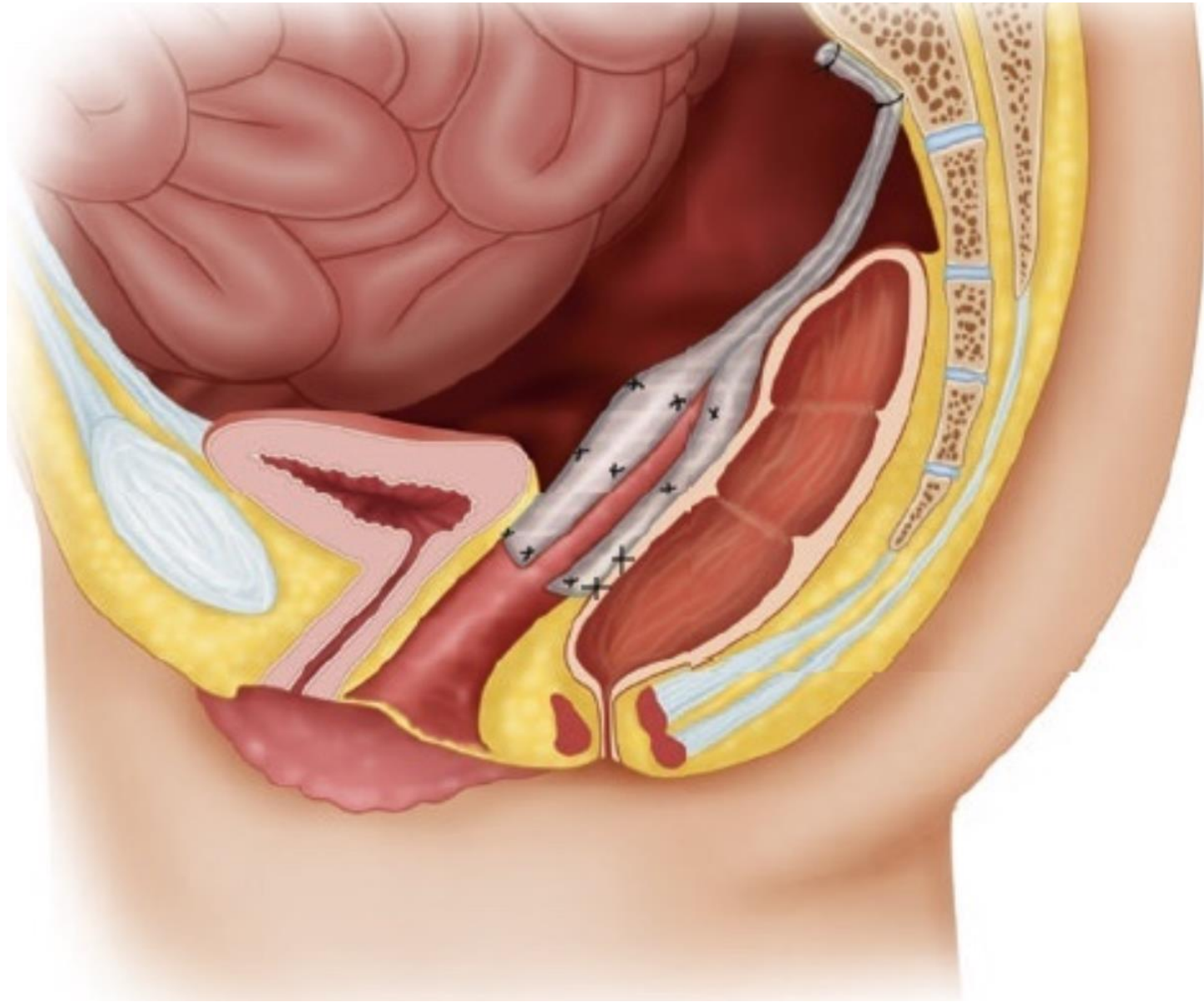


Background

- Repair of pelvic organ prolapse (POP) traditionally has been compartmentalized between colorectal surgeons, urologists, and gynecologists.
- A multidisciplinary approach to treating POP allows the patient to have a single operation with a single recovery period without increasing complications.
- Debate exists between the preferred repair of these complex issues

Method

- Retrospective review of patient's undergoing variety of POP repair over the past 9 years
- Single institution
- Minimum follow up: 4 months
- Maximum follow up: 8 years
- Outcomes examined: recurrence, UI, urinary retention, FI, constipation and sexual dysfunction



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	VMR with Sacrocolpopexy N=11	VMR without Sacrocolpopexy N=23
Recurrence of prolapse	0	7 (29%)
Repair after recurrence	0	2 (8%)
Post op pain	2 (20%)	4 (16%)
Urinary Incontinence	1 (10%)	6 (25%)
Urinary retention	4 (40%)	5 (20%)
Fecal incontinence	2 (20%)	4 (16%)
Constipation	2 (20%)	6 (25%)
Sexual Dysfunction	0 (0%)	1 (4%)

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Demographics

	With Sacrocolpopexy	Without Sacrocolpopexy
Average Age of Females	64	61
Average # of kids	3.7	3.2

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Recurrence Risk

- VMR without Sacrocolpopexy
 - 6 patients (25%)
- VMR with Sacrocolpopexy
 - 0 patient

Conclusions

- VMR + Sacrocolpopexy seems to have lower recurrence rates
- Limitations
 - Not statistically significant
 - Low patient population
 - Potential for future multi center studies to increase study size
 - High variability in procedures performed
 - Subjective outcomes measured
 - Single institution
- Ongoing research is needed

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