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RISK OF MESH-RELATED COMPLICATIONS AFTER LAPAROSCOPIC SACRAL COLPOPEXY WITH OR WITHOUT CONCURRENT LAPAROSCOPIC ASSISTED VAGINAL HYSTERECTOMY.

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Abstract:

Objectives: To examine the incidence of mesh-related complications and mesh extrusion rates in patients undergoing laparoscopic sacral colpopexy with or without concurrent hysterectomy utilizing macroporous soft polypropylene mesh.

Methods: This is a historical cohort study. 446 consecutive patients with uterovaginal or vaginal vault prolapse underwent laparoscopic sacral colpopexy (LSCP) in conjunction with other laparoscopic and/or vaginal procedures between 1/2003 and 1/2007. Data were collected in the form of chart reviews and patient questionnaires. 10 patients with mesh of types other than macroporous soft polypropylene mesh, 11 patients with no follow up information, and 2 patients with inconsistent data were excluded. 423 patients were enrolled. Data collection was divided into three groups: 1) patients receiving concurrent hysterectomy (n=130), 2) those with a history of hysterectomy (n=272), and 3) those patients with a uterus who did not receive a hysterectomy (n = 21). Comparisons were made between Groups 1 and 2. Patient demographics, history, mesh extrusion rates, and mesh-related complications were analysed. Multivariate analysis of these complications was performed. Length of follow up was 2-52 months.

Results: No statistically significant differences were found between two groups in rates of mesh extrusion, mesh-associated infection, mesh reaction, pain at the apex requiring treatment, bleeding, ileus and small-bowel obstruction, and mesh revision or removal. The overall mesh extrusion rate was 0.95% (4/423), with an associated mesh revision rate of 0.95% (4/423). Patients with concurrent hysterectomy had an extrusion rate of 1.5% (2/130) as compared to 0.73% (2/272) extrusion rate in patients with a history of previous hysterectomy, p-value=0.60. Cuff abscess occurred in 1 patient with concomitant hysterectomy, with overall infection rate of 0.24% (1/423). Ileus and small-bowel obstruction occurred in 2.13% (9/423) of patients, 3 of whom required reoperation. Excision of exposed mesh was performed in 4 patients with mesh extrusion. Vaginal approach to excision was uniformly utilized. Laparoscopic removal of the entire mesh took place in 3 patients with persistent pelvic pain, in 1 patient with cuff abscess following

hysterectomy, and in 1 patient with a questionable mesh reaction.

Conclusions: The risk of mesh extrusion after laparoscopic sacral colpopexy utilizing soft macroporous Y-shaped polypropylene mesh is less than 1%. No significant increase in risk of mesh extrusion is observed in patients receiving concurrent hysterectomy when compared to patients who have had a previous hysterectomy.

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