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To mess with mesh? An update on surgery for pelvic organ prolapse

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Abstract

Up to 50% of parous women have some degree of prolapse, which is defined as a hernia of one or more pelvic organs. Women have an 11.1% lifetime risk of needing surgery for prolapse or incontinence. Anterior colporrhaphy was first described in 1913 and is often still the operation of choice, even though there is a 30–43% objective recurrence rate. Better outcome could be achieved by using site-specific 'selective' repairs carried out by experienced operators. However, debate continues about the ease of identification of defects and the results of site-specific surgery. Mesh used in surgery provides additional support, the procedures are easy to learn and recurrence rates are lower than with traditional surgery. However, there is limited evidence of improvement in long-term outcomes and complications are potentially greater than with traditional surgery. The National Institute for Health and Clinical Excellence guidelines (NICE 2008) conclude that there is some benefit in using mesh augmentation for anterior prolapse repair, but minimal advantage for posterior prolapse repair. Significant complications include erosion, infection, visceral damage and dyspareunia. Caution still needs to be exercised in the use of mesh since new advances are unproven as yet, with potentially greater complications and virtually no data on long-term efficacy.

Keywords: mesh, prolapse, surgery.

Reference

National Institute for Health and Clinical Excellence (NICE) (2008) *Surgical Repair of Vaginal Wall Prolapse Using Mesh*. Interventional Procedure Guidance 267. National Institute for Health and Clinical Excellence, London.

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Carmel is a specialist in Urogynaecology, offering a full range of investigations, and conservative and surgical interventions for women with primary and more complex urinary incontinence and prolapse.

She is a member of several regional and national urogynaecology committees and is the regional supervisor for training in urogynaecology. Carmel regularly lectures and teaches on all aspects of urogynaecology, and has many publications and presentations in this area. She is Clinical Governance Lead for Obstetrics and Gynaecology in Bradford.

Carmel's presentation is available online at: <http://www.acpwh.org.uk/docs/conf12010/CarmelRamage.pdf>