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Topic : Surgical Meshes

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Mesh shrinkage in sacrocolpopexy: fact or fiction?

This prospective study aims to evaluate the mesh shrinkage after a sacrocolpopexy in women with vaginal vault prolapse.

Women with symptomatic vaginal vault prolapse were recruited. All women self completed a Prolapse Quality of Life (P-QOL) questionnaire to assess the severity of prolapse symptoms and were examined using the POP-Q system by the same blinded clinician preoperatively and 6 months postoperatively. They all underwent sacrocolpopexy, performed by the same experienced surgeon using a standardised technique and a monofilament macroporous polypropilene mesh (Gynemesh). The mesh was visualised with a transvaginal ultrasound 5 MHz convex probe placed at posterior fourchette 3 days prior their hospital discharge and 6 months postoperatively.

Twelve women were studied. Eight women underwent a laparoscopic sacrocolpopexy whereas four women had an open surgery. The median and interquartile range of the distances between the perineum and the distal edge of the mesh measured three days and six months postoperatively were 1.3 cm (1.1-1.9) and 6.1cm (4.5 - 7.0) respectively (p value 0.002). The Wilcoxon Signed Ranks test was used (SPSS inc, Chicago, USA) to compare the ultrasonographic measurements.

Our data showed that shrinkage of these meshes do occur. Therefore, a new method as well as a correct technique of performing sacrocolpopexy needs to be developed to compensate for the shrinkage of the mesh. On the light of our data we might speculate stating that excessive tightening of the mesh should not be recommended since the fibrosis would further elevate the vagina leading to more successful outcomes and avoid the postoperative weakening of the posterior vaginal wall due to stretching. However a prospective randomised multicentre study and long term results are needed.