Introduction

- POP is a common problem affecting 50% of parous women
- 6.3% of women will undergo surgical correction for POP by 80 years of age.
- Prolapse surgery is an increasingly important part of Gynaecological practice due to aging population and decreasing hysterectomies.

ICS definition

- Descent of one or more of the following structures:
  - Anterior or posterior vaginal wall
  - Apex of the vagina
  - The vault of the vagina

Prevalence

- Accepted that 50% will develop prolapse
- Only 10 to 20% will seek evaluation.
- Anterior is twice as common as posterior prolapse and three times more common than an apical prolapse.
- 6 to 12% of women will develop prolapse after a hysterectomy.
What are the effects of Prolapse?

- Reduced quality of life mentally and sexually
- Limit activities
- Bowel and urinary symptoms
- Anxiety/ and or embarrassment

Prolapse symptoms

- Bulge or lump in the vagina
- A pulling or stretching feeling in the groin area
- Vaginal pain, irritation, pressure, spotting or bleeding.
- Difficulty with bowel movements
- Delayed or slow urinary stream
- Difficult or painful sexual intercourse

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Cystocele
Bladder prolapses or protrudes into the vagina

Enteroccele
Small bowel prolapses or protrudes into the vagina

Rectocele
Rectum prolapses or protrudes into the vagina

Uterine Prolapse
Uterus prolapses or protrudes into the vagina

Vaginal Vault Prolapse
Upper portion of the vagina (the apex) descends into the vaginal canal

1 in 2 women over the age of 50 suffer from pelvic organ displacement (prolapse)

50%

Examples of vaginal prolapse

Treatment of pelvic organ prolapse

- Non surgical treatment: Physiotherapy, Pessaries and local oestrogen therapy
- Surgical treatment: Goal is restoring function and anatomy
Surgical treatment options

- Native tissue plication
- Vaginal mesh repair systems
- Sacrocolpopexy
- Colpocleisis

Recurrence Rates for Traditional Repairs

<table>
<thead>
<tr>
<th>Study</th>
<th>Standard Colporrhaphy</th>
<th>Synthetic Repair</th>
<th>P Values</th>
<th>Follow-Up</th>
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<tbody>
<tr>
<td>Nguyen et al.</td>
<td>N=38 Recurrence: 53% (20/38)</td>
<td>N=37 Recurrence Rate: 14% (5/37) Mesh Extrusion: 5% (2/37)</td>
<td>p&lt;0.004</td>
<td>2 Year</td>
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<tr>
<td>Withagen et al.</td>
<td>N=97 Failure: 45.2%</td>
<td>N=93 Failure: 9.6% (8/83) Mesh Extrusion: 16.9% (14/83)</td>
<td>p&lt;0.001</td>
<td>1 Year</td>
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<tr>
<td>Nieminen et al.</td>
<td>Recurrence: 52% (40/97)</td>
<td>Recurrence: 41% (14/105) Mesh Erosion: 19% (20/105)</td>
<td>p&lt;0.001</td>
<td>3 Year</td>
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Elevate™ Prolapse Repair Systems

Depending upon the type of prolapse, the procedure will follow these general steps:

- The Elevate mesh is inserted through a small vaginal incision.
- The mesh is secured through the use of self-fixating tips that are inserted into the ligaments and muscles to secure the mesh until natural tissue ingrowth occurs.
- The incision is closed.

An inpatient procedure where most see symptom improvement

- Typically, procedures to correct prolapse take place on an in-patient basis and are performed under general anesthesia.

Elevate® is designed to:

- Offer a minimally invasive solution
- Minimize tissue trauma
- Restore normal anatomy with a faster recovery than open abdominal approaches
- Minimize pain compared to more invasive procedures

Recurrence Rates for Elevate™

In clinical studies, the success rate for the Elevate™ system was 87-95% at 12 months.

Those same studies show patient satisfaction rates of 93-96%.
Adhesion formation

The guidelines cover the need for:

- Foreign body reaction to mesh implant
- Therapeutic Goods Association (TGA) review also found that, while adverse events involving these

Mesh migration

Fecal incontinence

De novo prolapse of an untreated compartment

Wound dehiscence

Appropriate surgical training

Infection

Mesh erosion

Obstruction of ureter

Voiding dysfunction

Mild to severe bleeding

Perforation of vessels, nerves, bladder, ureter, colon, and other pelvic floor structures

Urinary tract infection

- NOTE: Some of these adverse reactions are specific to procedures involving mesh repair (e.g., mesh erosion).

Risks

References, continued