Treatment for anterior and apical vaginal prolapse with minimal mesh repair (Uphold); anatomical and patient-reported long-term outcomes.

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Aim: To evaluate objective and patient reported long-term outcomes after operation for apical prolapse with transvaginal minimal mesh repair, using the Uphold mesh. In April 2019 the US Food and Drugs Administration banned all types of meshes for transvaginal POP repair due to a significant increase in reported adverse events. Our study therefore focused on complication rates and evaluated the safety of the mesh.

Method: A descriptive cohort study including all patients operated from 01.01.12 to 30.04.19. Patients were invited for pelvic examination and completed a symptom score questionnaire. Information on adverse events and reoperation for prolapse and urinary incontinence within the follow-up period were obtained from medical records.

Results: A total of 244 patients were operated using the Uphold mesh and 174 (71,3%) accepted to participate. Of these, 157 patients (90.2%) had one or more previous prolapse operations. Perioperative complications were seen in three patients (1.7%). These were all major bleeding. The 30-days postoperative complication rate was 11.5% (20 patients), the majority due to temporary voiding difficulties. However, two patients (1,1%) had a serious obstruction of the ureter resulting in blow-out lesion of the renal pelvis.

During the long-term follow-up period, 22 patients (12.6%) experienced complications. Thus, 10 patients experienced pelvic pain and 10 patients underwent reoperation due to either mesh erosion or detachment of the mesh. One patient had mesh erosion but refrained from further treatment. Finally, one patient experienced continuous voiding problems.

Repeated prolapse surgery were seen in 26 patients (14,9%) and three (1,7%) patients were treated with a pessary. 11 patients (6,3%) had urinary incontinence requiring surgical or medical treatment.

The average score for pelvic symptoms affecting daily life was 1.96 on the Visual Analog Scale (0-10). Furthermore, on a scale from 1 (worst) to 7 (best) the average score ,when comparing present symptoms with those before surgery, was 6.41.

Discussion: In this cohort study the Uphold procedure still seems to be a safe procedure with acceptable complication rates for patients with recurrent prolapse. Furthermore, the method has a high patient reported satisfaction.