PROLAPSE REPAIR WITH NON-FROZEN CADAVERIC FASCIA LATA: LONG-TERM RESULTS

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INTRODUCTION

Since 2000 we have performed the cadaveric fascia cysotide repair with sling procedure (CaPS utilizing a solvent dehydrated non-frozen cadaveric fascia lata (Suspend / Tutoplast Fascia Lata from Coloplast). See procedure pictures below.

Our objective is to present the long-term outcomes for the cysotide repair portion of the CaPS procedure.

METHODS

- Ongoing review of 610 patients who have undergone a CaPS cysotide repair procedure was performed.
- The outcomes measured included prolapse recurrence, sexual function, patient satisfaction, and complications.
- Failure was defined as recurrence of cysotide grade 2 or higher using the Baden-Walker system (See table below).
- 510 out of 610 patients have follow up data available with questionnaires.
- The average follow up with a questionnaire was 48 months (Range 3-136 months).
- Average follow up with exams was 38.9 months (Range 1-150 months)
- Average age was 62.6 yrs (Range 29-89)
- 110 (21.6%) of patients have at least 5 years of follow up.
- 241 vaginal vault suspensions were performed along with cysotide repair and BADEN-WALKER PROLAPSE CLASSIFICATION

<table>
<thead>
<tr>
<th>Anatomical Grade</th>
<th>Description</th>
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<tbody>
<tr>
<td>Cystocele</td>
<td>Bladder descent toward the introitus with strain</td>
</tr>
<tr>
<td>Cystocele</td>
<td>Bladder to the introitus with strain</td>
</tr>
<tr>
<td>Grade 3</td>
<td>Bladder outside of the introitus with strain</td>
</tr>
<tr>
<td>Grade 4</td>
<td>Bladder outside of the introitus with rest</td>
</tr>
</tbody>
</table>

RESULTS

PROLAPSE

- Cystocele recurrence occurred in 39/510 (7.6%) patients.
- 10/39 (2%) patients underwent a repeat cysotide repair.
- Prolapse failure occurred at an average of 33.7 months postoperatively (Range 3-107 months).
- Vaginal vault prolapse reoccurred in 15/510 (2.9%) patients.
- Uterine prolapse reoccurred in 5/510 (0.9%) patients.

SEXUAL FUNCTION

- Of the 79/510 (15.5%) women who were sexually active, 44/79 (55.7%) reported no discomfort with intercourse.

PATIENT SATISFACTION

- At the time of each patient’s last questionnaire, 370 (72.5%) patients would recommend the surgery and 379 (74.3%) patients would repeat the surgery.
- Self-reported patient satisfaction on a visual analogue scale was high with a 68% improvement from baseline.

COMPLICATIONS

- Complication rate was 0.1% (5/510).
- Complications included 1 bowel injury, 1 ureteral obstruction, and 3 fascia extrusions which healed without surgery.

CONCLUSION

- With a maximum follow-up of more than 11 years and an average follow-up of over 4 years, patients undergoing the CaPS cysotide repair procedure have results which are excellent and durable.
- 92.4% of patients had no significant cysotide recurrence.
- There was high patient satisfaction.
- There was no significant morbidity.