

## Innovations in Surgery for Pelvic Prolapse: The Mesh Procedure

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In a generation of baby boomers who are aging, the incidence of pelvic organ prolapse is on the rise. Candidates for this surgery include women who experience prolapse as a result of childbirth and those whose prolapse is a result of prior pelvic surgery (i.e. hysterectomy).

Any of the pelvic organs can prolapse: the bladder, uterus, vagina or rectum. Anatomic problems are referred to as: cystocele, rectocele, enterocele (vaginal small bowel hernia), uterine prolapse and vaginal vault eversion (after hysterectomy). Until quite recently, surgery to restore normal functional anatomy has yielded inadequate results: 29 – 40% of prolapse surgery is for recurrence, with 60% same site recurrence.

In March of this year, Sentara Leigh Hospital became the 4<sup>th</sup> hospital in the nation to offer a new surgical methodology which yields far superior outcomes. Using a procedure developed in France, Gynecare introduced Gynemesh, a polypropylene mesh designed specifically for vaginal work.

Borrowing from general surgeons who use mesh for hernia repairs, Gynecare developed a product that is soft, flexible, permanent and not prone to infection. In the search for the correct material to use in the vaginal vault, several options were tried including pigskin, pig intestine and human fascia. The goal was to develop a mesh that is strong and flexible, with low complications, low rate of infection and low failure rates. Gynemesh Prolift accomplishes those goals.

Using very standard instruments and the Gynecare kit, Gynemesh is inserted into the vaginal vault through small incisions. It is not glued, stapled or sewn. Once inserted, the mesh provides a good hammock of support which attaches to ligaments, providing wide support. Within 24 hours, there is a “velcro effect” in that the vaginal wall adheres to the mesh while healing. Length of surgery varies, with an average time of 1 hour and 15 minutes.

In order to perform this surgery, the surgeon must be able to read pelvic anatomy in a Braille-like fashion. There are no scopes or cameras; the surgeon uses his knowledge of pelvic anatomy and

surgical technique, particularly work in the deep pelvis, to guide his movements. Prior experience with transobtruator surgery and sacrospinous surgery is necessary.

Essentially, the mesh procedure combines the best parts of all prior prolapse surgeries with a material that is big enough and strong enough to yield comfortable, permanent results now possible with less cutting. Particularly encouraging is the occasion in which uterine prolapse (in which there is no other pathology) is corrected using the mesh procedure without the need for hysterectomy.

Recovery time includes a 23-hour hospital stay plus a 10-14 day recuperation. When compared with 48-72 hour hospitalization and 6-week recuperation with prior procedures, the Prolift procedure will soon be the standard of care for pelvic organ prolapse. This procedure insures a more functional anatomic repair with fewer complication rates and better treatment outcomes.

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*Dr. Jon L. Crockford is managing partner and surgeon with The Group for Women in Norfolk, VA. For the Gynemesh procedure, Dr. Crockford trained with Dr. Vincent Lucente in Allentown, PA and Dr. David Robinson in Topeka, KA. Dr. Crockford has performed over 50 mesh procedures since March.*