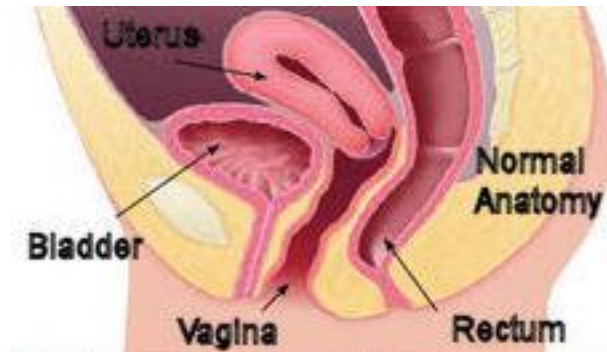
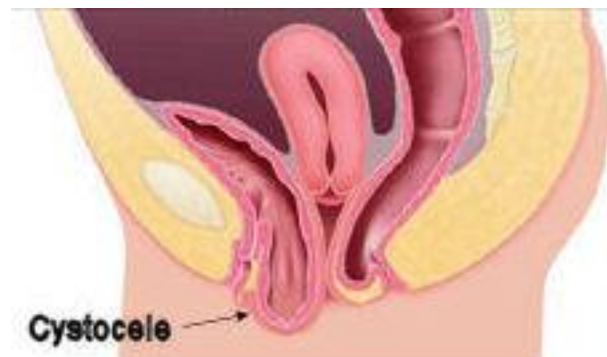
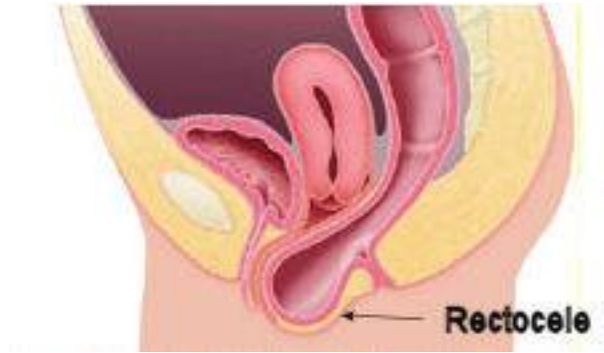
Answers to Patient Questions About Mesh in Prolapse Surgery

1. What is prolapse?
   - Vaginal vault prolapse occurs when the upper portion of the vagina loses its normal shape and sags or drops down into the vaginal canal or outside of the vagina. It may occur with prolapse of the bladder (cystocele), rectum (rectocele), or small bowel (enterocele). Vaginal vault prolapse is usually caused by weakness of the pelvic and vaginal tissues and muscles. It happens mostly in women who have had vaginal deliveries or have had their uterus removed (hysterectomy).
   - Symptoms of vaginal vault prolapse include:
     - A feeling of vaginal fullness, heaviness, or even pain
     - Pain or discomfort during intercourse
     - Loss of bladder and/or bowel control
     - Involuntary urination or difficulty urinating
     - Difficulty with bowel movements
     - Recurrent urinary or bladder infections
   - What is a cystocele?
     - Cystocele is the name for a hernia-like disorder in women that occurs when the wall between the bladder and the vagina weakens, causing a bulge of the back wall of the bladder into the vagina.





- What is a rectocele?
  - Rectocele is the name for a hernia-like disorder in women that occurs when the wall between the rectum and the vagina weakens, causing a bulge of the front wall of the rectum into the vagina.



- What is an enterocele?
  - Enterocele is the name for a hernia-like disorder in women (who have had a previous hysterectomy) that occurs when the small bowel bulges into the top of the vagina.

2. Are you planning to use mesh in my surgery?
   Maybe, but this is a decision we make **with** our patients. There are three options for prolapse surgery:
   - Vaginal surgery with mesh – this uses a mesh "kit" provided by a manufacturer. We currently use the AMS Elevate mesh kit for prolapse surgery. This kit uses mesh to pull the vagina up to the sacrospinous ligament (near the sacrum, the bone just above the tailbone). The FDA recently issued a safety communication about the use of mesh for prolapse surgery. The FDA warns that mesh in prolapse surgery introduces risks that are not present in traditional non-mesh surgery including: mesh erosion (exposure of the

mesh in the vagina), contracture of the mesh (shrinkage of the mesh), pelvic pain, dyspareunia (pain with intercourse), bleeding, and infection.

- Abdominal surgery using mesh – the mesh pulls the vagina up to the sacrum (called a sacrocolpopexy). This can only be done in women who have had a previous hysterectomy. This has traditionally been considered the “gold standard” for prolapse surgery but requires abdominal surgery with a longer post-operative recovery. Abdominal surgery raises risks of intra-abdominal injuries (bowel injury), but these are uncommon. The FDA warning about mesh does not apply to this procedure.
- Vaginal surgery without mesh – this can be either a sutured repair or a repair with a biologic material, usually Pelvicol – porcine dermis (pig skin). These repairs don’t always hold up over time. For this reason we don’t do these commonly today.

3. Why do you think I am a good candidate for surgical mesh?
   - Surgical mesh has been used for over 20 years in many different types of surgeries. The material is polypropylene and is a woven nylon mesh fabric. It is a permanent material that is never “rejected” by the body and rarely causes infection. Because it is permanent material, clinical data shows that it results in a higher success rate then a non-mesh repair within the first year of implant and is thought to have superior results long term.
4. Why is surgical mesh being recommended for my repair?
   - We feel that mesh is a more durable or long-lasting solution. Mesh is now used in all hernia repairs for that reason. The “gold standard” for prolapse is the abdominal sacrocolpopexy, which uses mesh placed abdominally to support the vagina.
5. What are the non-surgical alternatives for prolapse?
   - A non-surgical option would be a pessary. A pessary is a removable plastic device inserted in the vagina to support the pelvic floor. It must be changed and cleaned regularly.
6. Will my partner be able to feel the surgical mesh during sexual intercourse? What if the mesh erodes through my vaginal wall?
   - Your partner will not feel the mesh unless there is an erosion of the mesh. This occurs in less than 5% of patients. Erosion simply means that the vaginal incision separates and exposes the underlying mesh. This will often heal on its own with time or may require a second small procedure to excise and cover the exposed mesh.
7. What can I expect to feel after the surgery?
   - With the vaginal procedures, most patients have minimal soreness after the surgery, but depending on the type of surgery they may have pelvic discomfort or pain in the buttocks. Usually this resolves within a week or two, but rarely can continue for months (although this has not been our experience with the newer mesh kits placed vaginally).
   - With abdominal surgery patients can have abdominal pain from the incisions with some abdominal bloating and slow return of bowel function (called an ileus).
8. What if surgery doesn’t correct my problem?

- Although prolapse can recur after any prolapse surgery(even with mesh), this is relatively uncommon. Another repair can be performed to correct this, sometimes necessitating removal of the original mesh and placing new mesh.

9. What if I have urinary incontinence?
    - If you have stress incontinence (incontinence with coughing, laughing, or movement) we can also place a small "hammock" or sling under the urethra to support and close the urethra when you are standing. This is made out of the same mesh material and is referred to as a TVT (tension-free vaginal tape). The FDA warning about mesh does not apply to this procedure.
    - The TVT procedure can be done by itself as a minor outpatient procedure, or in conjunction with an abdominal or vaginal mesh procedure for prolapse.