

SURGICAL COMPLICATIONS OF PELVIC FLOOR: CASE REPORT AND RECOMMENDATIONS

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Abstract

Dysfunctional pelvic organs condition occurred in 50 % of women who give birth, 11 % of them had symptoms that required surgery. The reasons patients often requested for surgery were because of urine leakage, disorders of filled bladder, and discomfort due to swelling in the vagina. Pelvic floor reconstructive surgery using autologous tissue showed high failure due to recurrence. Overall figures are about 30 %, especially in the anterior wall. From the figures released by the French surgeons in 2004, the effectiveness of using of synthetic graft surgery in restoring and maintaining physiological functions was demonstrated. The result was a reduction in the relapse rate in the treatment of dysfunctional organ. This incident had made synthetic graft to become popular worldwide. US statistics in 2011 reported about 300,000 cases annually had pelvic organs surgery using synthetic graft. The data indicated that complications due to graft erosion occurred at a higher rate at the vaginal area than at the abdomen. Some of the causes were determined by the graft material. Recommended by the FDA in 2012, some grafts were eliminated and prohibited from using in operation. The clinical requirements of the graft material became increasingly more stringent. FDA does not include the use of polypropylene sling for the treatment of urinary incontinence due to clear exertion efficacy.

Pelvic floor reconstructive surgery using graft was performed at Tu Du Hospital since 2009. Initial Assessment Report in 2011 (N = 132) showed that surgery resulted in an improvement of 100 % efficiency immediately after the surgery. Incidence rate of erosion was 3.03 %. Only two cases of bladder perforation complications were reported. There was no complication in visceral perforation or vascular lesions. Patients benefited from short surgical time and short hospital stays. Overall, complications of surgery were generally not that different from the reports in the literature. This following report presents a case of graft complications excreted into the rectum causing severe constipation and back surgery. Recommendations by the authors about surgical interventions, surgical techniques and issues related to patient counseling before surgery, will be discussed.

Message the author wants to give is

- Mesh in surgical treatment of POP is still value in improving outcomes and reducing failure rates
- Patients should be evaluated generally gynecological conditions, predict the risk of future adverse (postmenopause, menorrhagia, fibroid progresses, ovarian cyst ...) before decide to place a permanent graft into the patient's pelvic
- Laparoscopic is preferentially selected in pelvic floor surgery
- Advice for patients thoroughly risks occur in the future (erosion, vaginal pain, vaginal contraction, dyspareunia ..)
- In the case of a second surgical hysterectomy, try to remove all mesh
- Medical treatment advice before deciding surgery (pessary, biofeedback, local estrogen, behavior treatment..)