

Prospective international multicenter pelvic floor study: follow-up results and clinical findings combining pectopexy and native tissue repair

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Abstract

Objective: To reduce mesh use for prolapse repair, practice has shifted towards traditional native tissue. Combining native tissue repair with sufficient apical repair could allow effective treatment. Pectopexy showed in a randomized trial focusing on combining traditional native tissue repair with pectopexy or sacrocolpopexy no association with new risks for patients. The short follow-up of this international multicenter study is presented in this article. **Design, Setting, and Population:** Eleven clinics and 13 surgeons in four European countries participated in the study. All surgeons committed to using a strict standard for pectopexy, using a pre-tailored mesh (PVDF PRP 3×15 Dynamesh solely for apical repair. **Methode:** Data were independently collected for 14 months on a secured server; 501 surgeries were documented and evaluated and 264 (52.7%) patients returned for physical examination for follow-up. **Main Outcome and Results:** The mean follow-up time was 15 months, and the overall success rate for apical repair was 96.9%. A satisfaction score was positively rated in 95.5% of the patients. A positive general recommendation was provided by 95.1% of the patients. Pelvic pressure was reduced in 95.2%, pain was reduced in 98.0%, and urgency was reduced in 86.0%. No major de novo problems occurred in the follow-up. **Conclusion:** Clinical routine pectopexy and concomitant surgery, mainly using native tissue approaches, resulted in high satisfaction rates and good clinical findings. The procedure can also be recommended for general use by general uro-gynecological practitioners with experience in laparoscopy. **Funding:** FEG Textieltechnik; Aachen **Keywords:** prolapse; pelvic floor; laparoscopy; native tissue, pectopexy

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