ANCHORSURE - ANCHORING SYSTEM: OUTCOMES AND SAFETY PROFILE IN VAGINAL RECONSTRUCTIVE SURGERY

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Abstract:

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INTRODUCTION AND OBJECTIVES

AnchorSure - versatile tissue anchoring system (Neomedic International) allowing the surgeon utilize synthetic or biologic graft as well as to modify the shape and the size of the graft to patients pelvic dimensions providing excellent support of all 3 levels. 300 patients meeting criteria for mesh- augmented repair have been operated in between 2010 and 2012 with follow up between up to 48 months.

METHODS

Inclusion criteria for mesh-augmented repair were unilateral or bilateral avulsion of Levator Ani and/or ballooning of Levator Ani. All patients were evaluated by physical examination (PE) and vaginal 360º ultrasound prior to surgery and PE only thereafter. POP-Q stage, compartment failure and avulsion of Levator Ani were established. Monofilament Polypropylene mesh was used and tailored in trapezoid shape with 6 arms (3 on each side), just as SureLift pelvic repair system. 3 different meshes were used. Prolene-Soft™, Novasilk™ and Restorelle™. AnchorSure - tissue anchoring system was used to attach proximal arms to the sacro-spinous ligaments. Middle arms were brought through arcus tendineous at the level of ischial spines and distal arms at the insertion of arcus tendineous into inner portion of pubic bone. Both middle and distal arms were brought out through obturator foramen.

RESULTS

Table 1: Failure of support prior and after surgery by compartment

All Compartments		Anterior and Apical		Anterior Only		Anterior and Posterior		Apical Only		Posterior and Apical		Posterior only	
Prior to Surgery	Post-surgical outcome	Prior to Surgery	Post- surgical outcome	Prior to Surgery	Post-surgical outcome	Prior to Surgery	Post-surgical outcome	Prior to Surgery	Post-surgical outcome	Prior to Surgery	Post-surgical outcome	Prior to Surgery	Post-surgical outcome
39/13%	0%	141/47%	0	48/16%	6/2%	27/9%	0	15/5%	0	21/7%	0	9/3%	3/1%

Table 2: Prolapse stage prior and after surgery by compartment

Prolapse Stage	All Compartments		Anterior and Apical		Anterior Only		Anterior and Posterior		Apical Only		Posterior and Apical		Posterior only	
	Prior to Surgery	Post-surgical outcome	Prior to Surgery	Post-surgical outcome	Prior to Surgery	Post-surgical outcome	Prior to Surgery	Post-surgical outcome	Prior to Surgery	Post-surgical outcome	Prior to Surgery	Post-surgical outcome	Prior to Surgery	Post-surgical outcome
Stage 2	20/6.6%	0/0	41/13.6%	0/0	8/2.6%	0/0	7/3.3%	0/0	20/6.6%	0/0	8/2.6%	0/0	3/1%	1/0.3%
Stage 3	10/3.3%	0/0	100/30%	0/0	40/13.3%	6/2%	20/6.6%	0/0	10/3.3%	0/0	13/4.3%	0/0	6/2%	2/0.6%
Stage 4	9/3%	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0

Table 2: Complications

Blood Transfusions	**Hematoma of Anterior Wall**	**Hematoma of Posterior Wall**	**Bladder Injury**	**Bowel Injury**	**Ureteral injury**	**Chronic Pelvic Pain**	**De-Novo DI**	**De-Novo SUI**	**De-Novo Obstructive Defecation**	**Post-op Dyspareunia**	**Early Mesh Erosion <8 weeks**	**Late Mesh Erosion >8 weeks**	**Infection/ Abscess**
2/0.6%	3/1%	5/1.6%	0/0	0/0	0/0	1/0.3%	0	5/1.6%	0/0	3/1%	2/0.6	1/0.3%	2/0.6%

CONCLUSIONS

AnchorSure -tissue anchoring system (Neomedic International) provides safe and effective repair of genital prolapse in patient population with very high risk of failure without use of graft augmentation. Versatility of the AnchorSure allows adjusting synthetic or biological graft according to the shape and size of the pelvis with very small risk to compromise anatomical or functional results.

1. Olsen et al, Obstet Gynecol 1997; 89: 501-506

2. Mirjam Weemhoff et al: Avulsion of puborectalis muscle and other risk factors for cystocele recurrence: a 2-year follow-up study; Int Urogynecol J. 2012 January; 23(1): 65-71

3. H. P. Dietz et al:, Levator avulsion is a risk factor for cystocele recurrence: Ultrasound Obstet Gynecol 2010; 36: 76-8