# Study Identifies Risk Factor for Mesh Erosion

# BY SHERRY BOSCHERT San Francisco Bureau

RANCHO MIRAGE, CALIF. — Performing an abdominal sacral suspension using polypropylene mesh concurrent with a total abdominal hysterectomy increases the risk of mesh erosion, Giti Bensinger, M.D., said at the annual meeting of the Society of Gynecologic Surgeons.

A retrospective analysis of charts on 121 women who underwent abdominal

PREMARIN<sup>®</sup> 0.625 mg/g (conjugated estrogens) Vaginal Cream

# (For full Prescribing Information and Patient Information, visit www.premarin.com.

ESTROGENS INCREASE THE RISK OF ENDOMETRIAL CANCER se clinical surveillance of all women taking estrogens is important. Adequate diagnostic measures, including endometrial sampling when indicated, should be detaken to rule out maligrancy in all cases of undiagnosed persistent or resouring ahoromal vaginal bleeding. There is no evidence that the use of "natural" rogens results in a different endometrial risk profile than synthetic estrogens of equivalent estrogen dose.

### CARDIOVASCULAR AND OTHER RISKS

CARDIOVASCULAR AND OTHER RISKS Estogens with or without progestins should not be used for the prevention of cardiovascular disease or dementia. The Women's Health Initiative (WHI) study reported increased risks of stroke and deep vein thrombosis in postmenopausal women (50 to 79 years of age) during 6.8 years of treatment with conjugated estrogens (0.625 mg) relative to placebo. The WHI study reported increased risks of myocardial inflanction, stroke, invasive breast cancer, plumonary emboli, and deep vein thrombosis in postmenopausal women (50 to 79 years of age) during syras of treatment with oral conjugated estrogens (0.625 mg) combined with medixoyprogesterone acetale (25 mg) relative to placebo. (See CLINICAL PHAEMACOLOGY, Clinical Studies in full Prescribing Information).

Treasers to personal, loce Current Creating Current Subtry of Miller Statutes in un resonance (see Current Creating in Miller Statutes). The Worms's Health Initiality Memory Study (WHING), substych (WHI repetit Increased is day of developing probable dementia in postmeropausal women 65 years of age or older during 4 to 52 years of treatment with oral conjugated estrogens, with or without medroxyprogesterone axatale, relative to placebo. It is unknown whether this Initiality Memory and endoxyprogesterone axatale, relative to placebo. It is unknown whether this Initiality Alemony and endoxyprogesterone exatelate, and other combinations and dosage forms of estrogens and progestins were not studied in the WHI clinical trials and, in the absence of comparable data, these risks should be assumed to be similar. Because of these risks, estrogens with or without progestins should be proceeded at the lowest efficite dose and for the shortest duration consistent with treatment goals and risks for the individual woman.

### INDICATIONS AND USAGE

Premarin (conjugated estrogens) Vaginal Cream is indicated in the treatment of atrophic vaginitis and kraurosis vulvae CONTRAINDICATIONS

KAINDICATIONS In Vaginal Cream should not be used in women with any of the following conditions:

Undiagnosed abnormal genital bleeding. Known, suspected, or history of cancer of the breast.

Nown, suspeaked, or insury of value or or leader. Known or suspective destogen-dependent neplasia. Active deep vein thrombosis, pulmorary embolism or a history of these conditions. Active or recent (e.g., within past year) aterial thromboenbolic disease (e.g., stroke, myocardial infarction). Liver dystunction or disease. Premarin Vaginal Cream should not be used in patients with known hypersensitivity to its ingredients.

# Known or suspected pregnancy. There is no indication for Premarin Vaginal Cream in pregnancy. There appears to be little or no increased risk of birth detects in children born to women who have used estrogen and progestins from oral contraceptives inadvertently during pregnancy. (See PRECAUTIONS.)

# WARNINGS See BOXED WARNINGS.

Systemic absorption may occur with the use of Premarin Vaginal Cream. The warnings, precautions, and adverse reactions associated with oral Premarin treatment should be taken into account. iovascular disorders.

Cardiovascular disorders.
 Estogen and estrogen/progestin herapy have been associated with an increased risk of cardiovascular events such as myocardial infraction and strole, as well as venous thromtosis and upmorary entrolism (venous thromtoentrolism or VTE). Should any of these occur or be suspected, estrogens should be discontinued immediately.
 Risk tators for anterial vascular disease (e.g., hypertension, diabetes mellitus, tobacco use, hypercholesterolemia, and doesiny) and/or venous thromtoentoolism (e.g. prosonal history or family history of VTE, obesity, and systemic lupus erythematosus) should be managed appropriately.
 Coronary heart disease and stoke, in the Premarin tables substudy of the Women's Health hittary (WH) stoky an increase in the number of myocardial infractions and strokes has been observed in women receiving Premarin compared to placebo. (See CLINICAL PHARMACOLOGY, Clinical Studies in tuil)

Prescribing Information.) In the estrogen plus progettin substudy of WHI an increased risk of coronary heart disease (CHD) events (defined as nonfatal myocardial infaction and CHD death) was observed in uncern receiving PREMPRO (0.625 mg conjugated estrogens plus 2.5 mg medioxyprogesterone acatale) per day compared to women receiving placebo (37 v s3) per 10,000 women-years). The increase in risk was observed in year one and persisted. In the same substudy of the WHI an increased risk of tortiev was observed in women receiving PREMPRO compared to women receiving (29 v s 21 per 10,000 women-years). The increase in risk was observed after the first year and persisted. Prescribing Information.)

(29 vs 21 per 10,000 women-years). The increase in risk was observed after the first year and persisted. In postmenopausal women with documented heard disease (n = 2/R3, average age 667 years) a controlled clinical trial of secondary prevention of cardiovascular disease (Heard and Estiogen)rogenism. (HERS) treatment with PREMRP0 (OdS rm conjugated estimation of the extension of a cardiovascular acetate per day) demonstrated heard disease (n = 2/R3, average age 667 years) a controlled clinical trial of secondary prevention of cardiovascular acetate per day) demonstrated non cardiovascular benefit. During an average follow-up of 41 years, treatment with PREMRP0 (Ods The extension of the correal) related to the prevent in the prevention of the correal related of CHD events in postmenopausal women with stabilised corrowry heard disease. There were more CHD events in the PREMPR0 did not reduce the overall rate of CHD events in postmenopausal women with stabilised corrowry heard disease. There were more CHD events in the PREMPR0 did not reduce the overall rate of CHD events in postmenopausal women with stabilised corrowry heard disease. There were more CHD events in the PREMPR0 did not reduce the overall rate of CHD events in postmenopausal women with stabilised corrowry heard disease. There were more CHD events were comparable attrates of HESE. It leaverage follow-up in HESS II was an additional 27 years. for a total of 68 years overall. Rates of CHD events were comparable among women in the PREMPR0 group and the placebo group in HESS. IESE II, and event

. Venous thromboembolism (VTE). In the Premain tablets substudy of the Women's Health Initiative (WHI), an increase in VTE has been observed in vomen receiving Premarin compared to placebo. (See CLINICAL PHARMACOLOGY, Clinical Studies in full Prescribing Information.)

while in carving relinant compared to placed. Use curricular renammeducators, climical sources in the restorego how the resolution in the internation of the storego how progens substitution of WH, a 2-bid greater rate of VTE including deey venues thrombosis and plummary embolism, was observed in women receiving PREMPRO compared to women receiving placebo. The rate of VTE was 34 per 10,000 women-years in the Prempro group compared to for per 10,000 women-years in the placebo group. The increase in VTE risk was observed during the first year and passibility. If the store is should be discontinued at least 4 to 6 weeks before surgery of the type associated with an increased risk of thromboembolism, or during periods of prolongular mobilization.

or during periods of prolonged immobilization.
2. Malignant neoplasms.
a. Endometrial cancer. The use of unopposed estrogens in women with intact uteri has been associated with an increased risk of endometrial cancer.
The reported endometrial cancer risk among unopposed estrogen users is about 2- to 12-fold greater than in non-users, and appears dependent on duration of
treatment and on estrogen does. Most studies show no significant increased risk associated with use of estrogens for less than ore year. The
reported endometrial cancer risk among unopposed estrogen users is about 2- to 12-fold greater than in non-users, and appears dependent on duration of
treatment and on estrogen does. Most studies show no significant increased risk associated with prolonged use, with increased risk appears
accitated with prolonged use, with increased risk of 15- to 24-fold for five to ten years or more and this risk has been shown to persist for at least 8 to 15 years
after estrogen therapy is discontinued.
Clinical surveillance of all women taking estrogen/progestin combinations is important. Adequate diagnostic measures, including endometrial sampling when
inclicated, should be undretained to use out malignancy in all cases of undiagnoste persistent or recurring abnormal vaginal bleeding. There is no evidence that the
use of natural estrogen seuse is no adflerent endometrial hyperpleaia, which estrogen does, Adding a progestin to postmenopausal
estrogen therapy tas been shown to reduce the risk of endometrial hyperpleaia, whore has been reported to increase the risk of breast cancer. The use of estrogens law progesting by postmenopausal whore has been reported to increase. The risk of breast cancer. The most important
and online-up of 5.6 years, the WH triat reported an increased risk of breast cancer risk with these of the WH triat.
After a man follow-up of 5.6 years, the WH triat and increased risk of breast cancer risk with took estrogen plus progestin. Observationed

**Prevention Country**, **Limited a sources** in our rescaling information, the results into coevaluational sources are generally consistent with the WHT bial reported an increased in the Vert Bial.
After a mean follow-up of 5.6 years, the WHT bial reported an increased risk of breast cancer in women who took strongen plus progestion. Discretizing a strategies are strongen plus progestion. Discretizing a strategies are substantial data on risk after strongen/progestin combination threapy, and a smaller increased risk for estrogen/progestin combination threapy, and a smaller increased risk for estrogen/progestin combination threapy, and a smaller increased risk for estrogen alone threapy, after several years to use. For both findings, the excess risk increased with duration of use, and appended to return to baseline over about the years after stopping treatment (only the observational studies three substantial data on risk after stopping). In these studies, the risk of breast cancer was greater and becare appender tarily with treaky according anong different estrogens or among different estrogen/progestin combinations, does, or routes of administration.

carcer among unient escrupers or among different escroper/program combinations, costs, or routes of administration. In the WHI tid of estrogen plus program, 25% of the women reported prior use of estrogen plots are adfore storgen/programs combination homone therapy. After a mean follow-up of 5.6 years during the clinical trial, the overall relative risk of imasive breast carcer was 124 (95%, confidence interval 1.01-1.54), and the overall absolute risk was 41 vs. 33 cases per 10,000 women-years, to restrogen plus programs compared with placebo. Among women who reported prior use of homore therapy, the relative risk of imasive breast cancer was 186, and the absolute risk was 44 vs. 25 cases per 10,000 women-years, for estrogen plus programs compared with placebo. Among women who reported no prior use of homoren therapy, the relative risk of imasive breast cancer was 109, and the absolute risk was 40 vs. 36 cases per 10,000 women-years to restrogen plus programs compared with placebo. In the WHI tid i, measive breast cancer was 109, and the absolute at more absenced stage in the estrogen plus programs provide compared with placebo. In the WHI tid i, measive breast cancer was 109, and the absolute risk was 40 vs. 36 cases per 10,000 women-years to restrogen plus programs compared with placebo. In the WHI tid i, mease breast cancer were larger and diagnosed at more absenced stage in the estrogen plus programs or within the placebo group. Matastatic disease wars are with no apparent difference between the visco groups. Other programs class cancers were larger and diagnosed cancer absence absence therean the groups.

The observational Million Women Study in Europe reported an increased risk of mortality due to breast cancer among current users of estrogens alone or estrogens plus progestins compared to never users, while the estrogen plus progestin sub-study of WHI showed no effect on breast cancer mortality with a mean follow-up of 5.6 years. The use of estrogen plus progestin has been reported to result in an increase in abnormal mammograms requiring further evaluation. All women should receive yearly breast examinations by a healthcare provider and perform monthly breast self-examinations. In addition, mammography examinations should be scheduled based on patient age, risk factors, and prior mammogram results.

### Dementis

3. Dementia.
In the Women's Health Initiative Memory Sludy (WHIMS), an ancillary sludy of WHI, a population of 4,532 women aged 65 to 79 years was randomized to PPRMPR0 (0.655 mg/2 5 mg) or plazebo. A population of 2,947 hysterectomized women, aged 65 to 79 years, was randomized to PPremarin (0.625 mg) or plazebo. In the planned analysis, pooling the events in women receiving Premarin or PREMPR0 (0.655 mg/2 5 mg) or plazebo. The overall relative risk (RR) for protable dementia was 1.78 (95% CI 1.19-2.60). In the estiogen-atore group, after an average follow-up of 4.29 years a RR of 1.49 (95% CI 1.19-2.60). In the estiogen-atore group, after an average follow-up of 4.29 years a RR of 1.49 (95% CI 1.19-2.60). In the estiogen-atore group, after an average follow-up of 4.29 years, a RR of 2.16 (95% CI 1.19-2.40) in probable dementia was conserved compared to plazebo. Thins to study was conducted in women aged 65 to 79 years, it is unknown whether these findings apply to younger postmeropausal women. (See **PRECAUTIONS, Geriarici Use**).

Gallbladder disease. A 2- to 4-fold increase in the risk of gallbladder disease requiring surgery in postmenopausal women receiving postmenopausal

sacral suspension for pelvic organ prolapse at North Shore University Hospital in Manhasset, N.Y., found four mesh erosions over a mean 1-year follow-up. Polypropylene mesh had been used in all of the surgeries.

The four mesh erosions occurred among 49 women who had concurrent total abdominal hysterectomy, resulting in a mesh erosion rate of 8% in that group.

There were no erosions in 37 women who underwent concurrent supracervical hysterectomy or in 35 women who had a previous total abdominal hysterectomy and then underwent sacral suspension alone, said Dr. Bensinger of Albert Einstein College of Medicine, New York. The differences in erosion rates between groups were statistically significant.

The low rate of mesh erosion overall suggests polypropylene mesh is safe to use, and a low rate of complications supports reports in medical literature that sacral colpopexy is a safe treatment for vaginal

 Hypercalcemia. Estrogen administration may lead to severe hypercalcemia in patients with breast cancer and bone metastases. If hypercalcemia occurs, use of the drug should be stopped and appropriate measures taken to reduce the serum calcium level. 6. Visual abnormalities. Retiral vascular thrombosis has been reported in patients receiving estrogens. Discontinue medication pending examination if there is sudden partial or complete loss of vision, or a sudden onset of proposis, diplopia, or migraine. If examination reveals papilledema or retinal vascular lesions, estrogens should be discontinued. PRECAUTIONS

A General 1. Addition of a progestin when a woman has not had a hysterectomy. Studies of the addition of a progestin for 10 or more days of a cycle of estrogen administration or daily with estrogen in a continuous regimen have reported a lowered incidence of endometrial hyperplasia than would be induced by estrogen teatment alone. Endometrial hyperplasia may be a precursor to endometrial cancer. There are, however, possible risks that may be associated with the use of progestins with estrogens compared to estrogen-alone regimens. These include a possible increased risk of breast cancer, adverse effects on lipoprotein metabolism (e.g., lowering HDL, raising LDL) and impairment of glucose tolerance.

Upsoble incleased to V these clabs, advesse encode on high user measureming the classing to C and in grant many objects the data to **Everated block pressure**. In a small number of case people, substantial increases in block pressure have been attributed to idiosyncratic reactions to trogens. In a large, randomized, placebo-controlled clinical trial, a generalized effect of estrogen therapy on blood pressure was not seen. Blood pressure should monitored at regular intervals with strogen use. **Hypertriglycenidemia**. In patients with pre-existing hypertriglyceridemia, estrogen therapy may be associated with elevations of plasma triglycerides leading particultist and other complications.

particitations and other computations. Impaired liver function and past history of cholestatic jaundice. Estrogens may be poorly metabolized in patients with impaired liver function. In patients with a history of cholestatic jaundice associated with past estrogen use or with pregrancy, caution should be exercised and in the case of

rence, medication should be discontinued.

c. Locernaeuw ur enwulterrusso: rununetruss ing ue exactatato with administration of estrogen therapy. A few cases of malignant transformation of residual endometrical implants have been reported in women treated post-hysterectomy with estrogen alone therapy. For patients known to have residual endometricosis post-hysterectomy, the addition of progestin should be considered.
10. Exacerbation of other conditions. Estrogen therapy may cause an exacerbation of asthma, diabetes mellitus, epilepsy, migraine, porphyria, systemic lupus entherapt. For patients and herapt. For patients and should be used with aduition in women with these conditions.
11. Barrier contraceptives. Premain Vaginal Cream exposure has been reported to weaken latex condoms. The potential for Premain Vaginal Cream to weaken and contribute to the failure of condoms, diaptragens, or cervical caps made of latex or rubber should be considered.
8. Patient Information Physicians are advised to discuss the contents of the PATIENT INFORMATION leallet with patients for whom they prescribe Premain Vaginal Cream.

C. Laboratory Tests Estrogen administration should be guided by clinical response at the lowest dose for the treatment of postmenopausal D. Drug/Laboratory Test Interactions

Accelerated profinombin time, partial thromboplastin time, and platelet aggregation time; increased platelet count; increased factors II, VII antigen, VIII antigen, VIII cagulant activity, IX, XII, VII-X complex, II-VII-X complex, and beta-thromboglobulin; decreased levels of antifactor Xa and antithrombin III, decreased antithrombin III activity; increased plasminogen antigen and advity.

anintrom in activity, increased released international and information activity increased paramitogra and activity. 2. Increased through oblighting oblighting (TBG) leading to increased circulating total through homome, as measured by protein-bound iodine (P9I), 1. Jevels (by column or by radioimmunoassay) or T<sub>3</sub> levels by radioimmunoassay. T<sub>3</sub> resin uptake is decreased, reflecting the elevated TBG. Free T<sub>4</sub> and free T<sub>3</sub> concentrations are unaltened. Patients on throid replacement threapy may require higher doess of throid homome. 3. Other binding proteins may be elevated in serum, i.e., controsteroid binding globulin (CBG), sex homome-binding globulin (SHBG), leading to increased total circulations controsteroids and sex steroids, respectively. Free homome concentrations may be decreased. Other plasma proteins may be increased (angiotensinogen/renin substrate, alpha-1-antitrypsin, ceruloplasmin).

4. Increased plasma HDL and HDL<sub>2</sub> cholesterol subfraction concentrations, reduced LDL cholesterol concentration, increased triolyceride levels. 5. Impaired glucose tolerance. . Reduced response to metyrapone test

E. Carcinogenesis, Mutagenesis, Impairment of Fertility (See BOXED WARNINGS, WARNINGS, and PRECAUTIONS.) Long-term continuous administration of natural and synthetic estrogens in certain animal species increases the frequency of cr dreux, scriv, comina testis, and iter. frequency of carcinomas of the breast. Premarin Vaginal Cream should not be used during pregnancy. (See CONTRAINDICATIONS.)

Fregulary Plantain value clean should not ease during pegnalor, see Contraktionations, or Invising Mothers Estopen admissitation to nucleing mothers has been shown to decrease the quantity and quality of breast milk. Detectable unis of estopens have been identified in the milk of mothers receiving the drug. Caution should be exercised when Premarin Vaginal Cream is

Pediatric Use Estrogen therapy has been used for the induction of puberty in adolescents with some forms of pubertal delay. Safety and effectiveness in iaric patients have not otherwise been established.

peurance partents nave not otherwise been established. Large and repeated does of estrogen over an extended time period have been shown to accelerate epiphyseal closure, which could result in short adult stature if treatment is initiated before the completion of physiologic puberly in normally developing children. If estrogen is administered to patients whose bore growth is not complete, periodic monitoring of bone maturation and effects on epiphyseal centers is recommended during storegon administration. Estrogen treatment may modify the normal pubertal process and induce gynecomastia. See INDICATIONS; see DOSAGE AND ADMINISTRATION section in tul Prescribing Information.

section in full Prescribing Information.
I. Geritatric Use Of the total number of subjects in the estrogen plus progestin substudy of the Women's Health Initiality study. 44% (n = 7.320) were 65 years and over; (See CLINICAL PHARMACOLOGY, Clinical Studies in full Prescribing Information). There was a higher incidence of stroke and invesive breast cancer in women 75 and over compared to women less than 75 years of age. In the Women's Health Initiality study, 44% (n = 7.320) were 65 years and over; (See CLINICAL PHARMACOLOGY, Clinical Studies in full Prescribing Information). There was a higher incidence of stroke and invesive breast cancer in women 75 and over compared to women less than 75 years of age. In the Women's Health Initiality study, (WHIMS), an ancillary study of WHI, a population of 4.332 women aged 65 to 79 years, was randomized to PRememo (DSE mg/ O and 2947 hystereotimate women, ageverage to low-up of 2 years was randomized to preasen). In the storinger-lose of the offs of 79 years, was randomized to preasen (DSE mg/ O) to probable dementia was observed compared to plazebo. In the estrogen-lose progesting runs after an average tollow-up of 2 years and 71 49 (GSK Cl 1219-2.60). In the estrogen-lose progesting runs, after an average tollow-up of 2 years, a RN of 1.26 (GSK Cl 1219-2.40). In the estrogen-lose progesting runs, after an average tollow-up of 2 years, RN of 1.26 (GSK Cl 1219-2.60). To probable dementia was observed compared to plazebo. Since this study was conducted in women aged 65 to 79 years, RN of 2.06 (GSK Cl 1219-2.40). There have no been sufficient numbers of opriartic patients involved in studies utilizing Premarin Vaginal Cream to determine whether those over 65 years of age differ from younger subjects in their response to Premarin Vaginal Cream. Average tollow-up of 2 years, RN of 2.60 (SSK cl 1219-2.40). A superson response subjects in their response to Premarin Vaginal Cream. Average tollow-up of 2 years and to preson the subjects in their response to Premarin Vaginal Cream.

### ADVERSE REACTIONS See BOXED WARNINGS. WARNINGS, and PRECAUTIONS.

stemic absorption may occur with the use of Premarin Vaginal Cream. Warnings, precautions, and adverse reactions associated with oral Premarin atment should be taken into account. The following additional adverse reactions have been reported with estrogen and/or progestin therapy:

e following additional adverse reactions have been reported with estrogen and/or progestin therapy: Genitarivitrary system: Breakthrough bleeding, spotting, change in menstrual flow, dynemorrhea; premenstrual-like syndrome; amenorrhea during and alter treatment; increase in size of uture fibromyonata; wagnitis, including vagnial candidiasis; change in cervical erosion and in degree of cervical secretion; cystils-like syndrome; application site reactions of vulvovaginal discontfort including burning and irritation; genital pruritus; ovarian cancer, endometrial hyperplacis, endometrial cancer, precodous puberly. *Breasts:* Tendemess, pain, enlargement, secretion; breast cancer, fibroopstic breast changes. *Cardiovascular:* (Deg and superficial verous thrombosis, pulmorary embolism, myocardial infarction, stroke; increase in blood pressure. *Gastrointestrual:* Nausea, vomitting, abdominal cramps, bloating; cholestatic jaundice; pancreatitis; increased incidence of galibladder disease; enlargement of hegatic hernargiones. *Sidx:* Chlosam endesma which may persist when drug is discontinued; erytherna multiforme; erytherna nodosum; hemorrhagic eruption; loss of scalp hair; hisutism; puritus; rash; urticaria. *Eyes:* Relinal vacular thrombosis; infoerance to contact lenses. *Central Nervous System:* Headache; migraine, dizziness; nervousness; mood disturbances; irritability; mental depression; chorea; exacerbation of epilepsy; dementia.

Wyeth®

uenemia: Miscellaneous: Increase or decrease in weight; reduced carbohydrale tolerance; glucose intolerance; aggravation of porphyria; edema; changes in libido; araphylocioldanaphylactic reactions; hypocalcemia; exacettation of asthma; angioedema; hypersensitivity; increased triglycerides; arthralgias; leg cramps.

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vault prolapse, added Dr. Bensinger, formerly of North Shore University Hospital.

In formal comments after Dr. Bensinger's presentation, Kimberly Kenton, M.D., said the findings echo a report at the Society's 2002 meeting of a 27% mesh erosion rate in women undergoing both colpopexy and hysterectomy, compared with a 1% erosion rate in women who did not undergo hysterectomy at the time of abdominal sacral colpopexy.

The demand for supracervical hysterectomy is increasing. As a result, many pelvic reconstructive surgeons are beginning to perform supracervical hysterectomy at the time of colpopexy, hypothesizing that this may decrease the rate of mesh erosion" by leaving the vaginal apex intact, said Dr. Kenton of Loyola University, Maywood, Ill. The current study's results support that strategy.

The small number of patients and short follow-up on some of the women limit the weight of the findings, she added. The shortest follow-up was less than 1 month. To evaluate reconstructive surgery results, follow-up should be for 1-5 years, she said.

The median follow-up in all three groups of patients was 5 months, Dr. Bensinger replied. A separate analysis that excluded patients with less than 6 months of followup found a similar trend in results that approached statistical significance.

Three previous studies of mesh erosions in women with an intact or missing vaginal apex produced conflicting results. Two found increased mesh erosion rates when a total hysterectomy was performed at the time of abdominal sacral colpopexy, and the third found no difference in erosions with or without an intact vaginal apex.

Reports of mesh erosions after sacral colpopexy suggest that 3%-16% will erode, usually 4-24 months after surgery, she said.

About 10% of women aged 80 years or

older will have some type of pelvic re-

constructive surgery in their lifetime, Dr.

Bensinger noted. From 4% to 33% of surg-

eries for pelvic organ prolapse fail. Rough-

ly 30% of pelvic reconstructive surgeries

She and her associates focused on abdominal rather than vaginal sacral colpopexy, because the abdominal ap-

proach has the advantage of restoring the normal midline axis of the vagina. Also, the abdominal approach seems to provide the best long-term results, with no recurrences in 84%-99% of patients, she added. A trend toward increasing use of permanent mesh for sacral colpopexy, combined

with concerns about synthetic mesh ero-

sions, led them to focus on sacral suspen-

NEXT ISSUE

'And the winners

are...'

Dr. Bruce Flamm announces the first

three winners in our Clinical Pearls

contest

sions that used polypropylene mesh.

are done for prolapse recurrences.