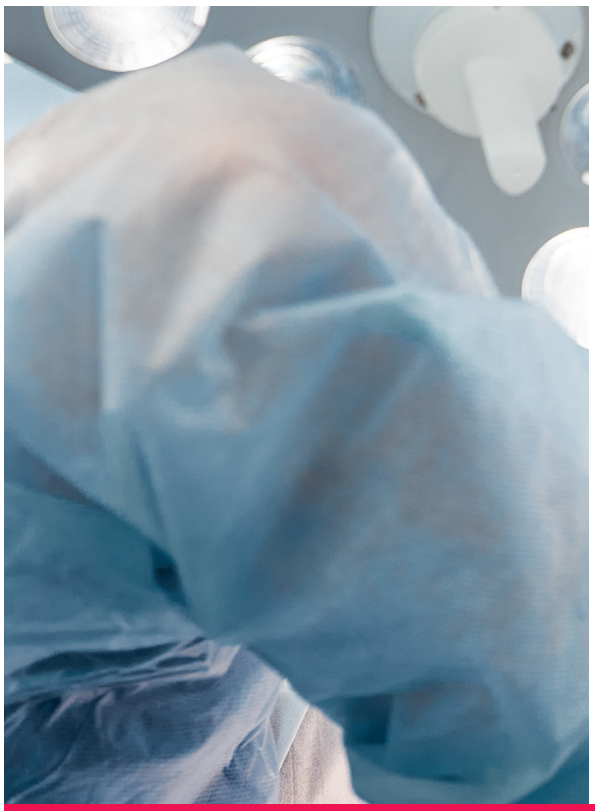
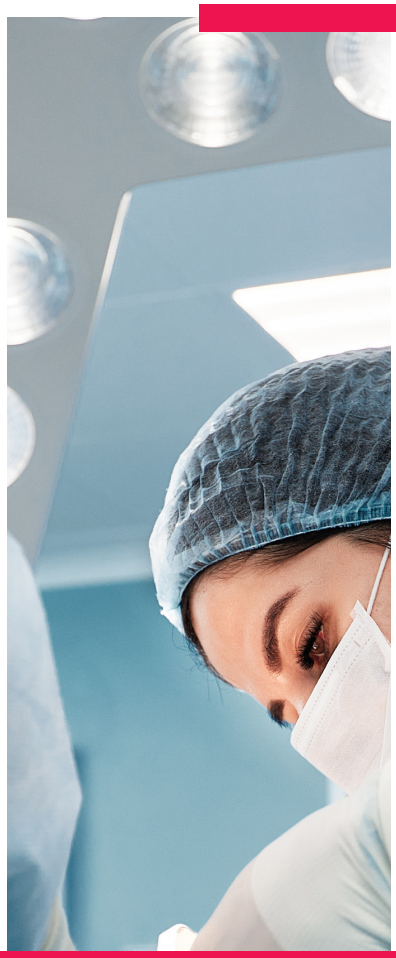
Peters SURGICAL





Glue Mesh fixation in laparoscopic sacrocolpopexy:

3-years follow-up results of a prospective multicentric study

Publication A : 1 month and 1 year follow-up

Lamblin G, Dubernard G, de Saint Hilaire P, Jacquot F, Chabert P, Chene G, Golfier F. Assessment of Synthetic Glue for Mesh Attachment in Laparoscopic Sacrocolpopexy: A Prospective Multicenter Pilot Study. J Minim Invasive Gynecol. 2017 Jan 1;24(1):41-47.

Publication B : 2-years and 3-years follow-up results

Lamblin G, Chene G, Warembourg S, Jacquot F, Moret S, Golfier F. Glue mesh fixation in laparoscopic sacrocolpopexy: results at 3 years' follow-up. Int Urogynecol J. 2022 Sep;33(9):2533-2541.

Methodology

Study objective

To assess the 3-years anatomic, functional and safety results of using IFABOND® to fix the mesh in laparoscopic sacrocolpopexy.

Design

- Prospective multicentric pilot study: 1 year follow-up
- Extension phase - Prospective multicenter cohort study: 3 years follow-up
- 3 academic urogynecology departments in France

TREATMENT

- Laparoscopic sacrocolpopexy using the same standardized technique
- Concomitant vaginal repairs and/or anti-incontinence procedures if indicated
- Anterior and posterior meshes, using the same material
- Meshes are fixed to the vagina with IFABOND® (in addition to some surgical stitches), and applied with a dedicated applicator

INCLUSION CRITERA

- 70 patients with stage ≥ 3 POP-Q* anterior and/or apical prolapse underwent laparoscopic sacrocolpopexy

EXCLUSION CRITERA

- POP-Q* stage < 3
- Asymptomatic patients
- Previous total hysterectomy
- Pregnancy ongoing or planned
- Pelvic cancer or history of pelvic radiation therapy
- Known allergy or sensitivity to cyanoacrylate

1 procedure = 1 single vial of 1.5 ml
1 anchorage = 1 single droplet of ≈ 0.2 ml

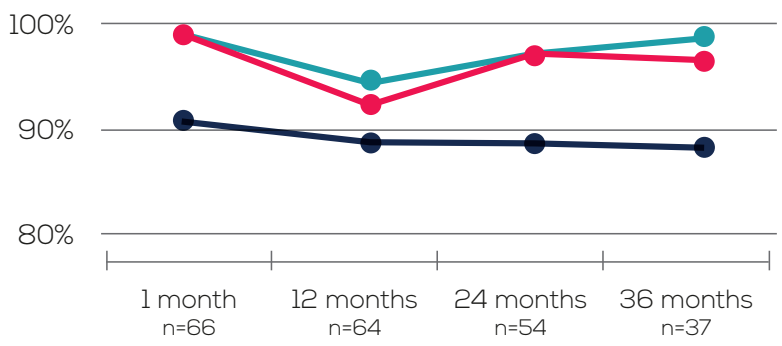
Endpoints (1 month and 1, 2, 3 years follow-up)

- **Primary outcome:** anterior and apical anatomic success (POP-Q* stage ≤ 1 at 1 and 3 years)
- International quality of life and urinary/sexuality scales: Pelvic Floor Distress Inventory, Pelvic Floor Impact Questionnaire and Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire
- Mesh-related morbidity
- Rates of complications

Primary Outcome: 1 and 3-year anterior and apical anatomic success

Anterior and apical anatomic success

- Uterine prolapse
- Rectocele
- Cystocele



Surgeon's evaluation and operative time

Fixation with IFABOND® in laparoscopic sacrocolpopexy is simple and reduces operative time

98,5% patients
Straight forward gluing (n=65)

145 ±5 min
Mean operative time including all associated procedures (n=32)

< 2 min
Mean glue fixation time for both anterior and posterior meshes (n=32)

Quality Of Life

QoL scores

All QoL scores improved (decreased) significantly and lastingly at 3 years

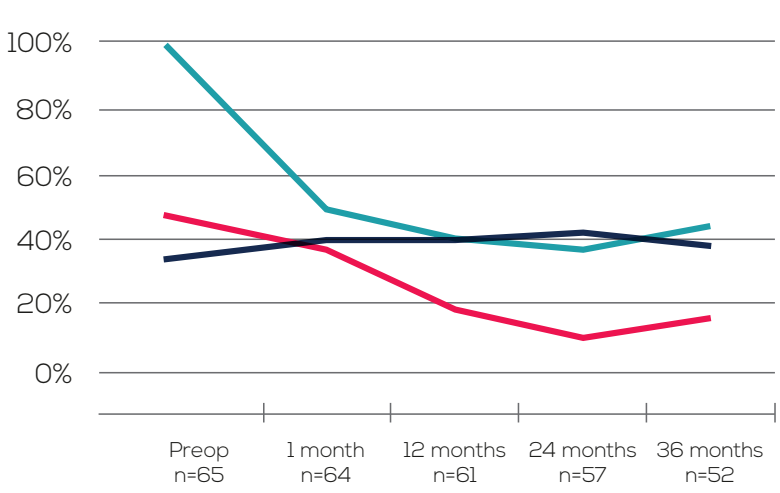
Quality of sexual life significantly improved at 2 and 3 years

PFDI PFIQ PSIQ

PFDI = Pelvic Floor Distress Inventory

PFIQ = Pelvic Floor Impact Questionnaire

PSIQ = Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire



Tolerance

Glue-mesh fixation has an excellent tolerance and no specific complications in the 3 years' follow-up

Complications at 1,2,3 years' follow-up n (%)	Pre-op (n=66)	1 month (n=66)	12 months (n=64)	24 months (n=54)	36 months (n=37)
Vaginal exposure of the adhesive		0	0	0	0
Mesh exposure		0	0	0	1 (2,8%)
Mesh shrinkage		0	5 (7,8%)	0	2 (5,4%)
Including cases requiring surgical revision			1		1

Conclusion:

Sacrocolpopexy meshes fixation with IFABOND® glue (in addition to sutures points fixation) is an **effective, safe and time-saving solution** at 1, 2 and 3 years.

The anatomic and functional results were good and enduring in terms of both anterior and apical correction.

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