20/03/2019

Travelling Fellowship report Matthew Izett

Dear BSGE Awards Committee,

I would like to thank you for the award and to report on what it has enabled me to do over the last 12 months. Laparoscopic sacrohysteropexy has emerged as a popular option for uterine sparing prolapse surgery, and is increasingly being undertaken in the UK. However, a recent systematic review found a paucity of high-quality safety and efficacy data for the procedure. Given the recent controversy around non-absorbable mesh, the need for safety data on mesh augmented procedures has never been more apparent. It is with this in mind, that we undertook a multicenter study of mesh complication in women who had laparoscopic mesh sacrohysteropexy in two tertiary urogynecology centres.

Our study objective was to determine the incidence of mesh associated complications and reoperation, in women who have undergone laparoscopic mesh sacrohysteropexy. We received ethical approval for the study on the 11th of May 2018. To identify potential participants, we scrutinised the surgical databases of five operating surgeons in the two centres between 2007 and 2018 and sent all of these women two rounds of questionnaires, eight weeks apart. They had the option of paper response, online portal or telephone review. Our primary outcome measure was patient reported mesh complication requiring removal of mesh. Secondary outcome measures were patient reported use of chronic pain services for pain attributed to mesh, a new diagnosis systemic autoimmune disease (SAID), further surgery for pelvic organ prolapse (POP), further surgery for stress urinary incontinence (SUI), patient global impression of improvement (PGI-I) in prolapse symptoms and a 'friends and family test' of whether they would recommend the surgery.

Your award allowed for me to travel between London and Oxford several times, to obtain patient records and check databases, as well as contributing towards the substantial printing and postage costs for the two rounds of postal questionnaires.

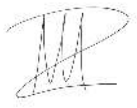
We received a total of 1,089 responses, giving a response proportion of 61.7%. Our median follow-up was 50 months (range 2-141). We will shortly be reporting our findings at meetings and in peer-reviewed publication. In short, we found a mesh complication requiring mesh removal rate of 0.83% (n=9), chronic pain service use 1.84% (n=20) and SAID of 5.69% (n=62). Pain was the most common reason for mesh removal surgery. Our re-operation rate for POP was 13.4% and for SUI it was 2.3%.

This study is the largest and longest cohort of women who have undergone mesh augmented prolapse surgery using patient reported data. I am sure you will agree that it is highly topical and our findings will be of value to your members, but more importantly

women who have undergone or are considering laparoscopic mesh sacrohysteropexy. Our anticipation is to submit a manuscript of this study in April of 2019.

I hope this report adequately addresses the needs of the committee. We would of course be happy to provide further information to the committee should it be required, and would like to thank you once again for your contribution towards the costs of this project.

Yours Sincerely



Matthew Izett
Urogynaecology research fellow UCLH
On behalf of UCLH and OUH urogynaecology departments.