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COMMENTARY

Commentary on "Lightweight transvaginal mesh is associated with lower mesh exposure rates than heavyweight mesh" by Dykes et al.

Marianne Koch[1]

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This study prospectively evaluated the long-term rates of recurrent prolapse and mesh exposure comparing lightweight transvaginal mesh to heavyweight mesh. Since the FDA warning, transvaginal mesh use has declined in urogynecologic surgery; however, long-term data on safety and efficacy are scarce. Additionally, data leading to the FDA warning concerned heavyweight materials, which have now been largely replaced by lightweight meshes. It seems relevant to reinvestigate the safety of transvaginal meshes based on this new premise, as their total abandonment would limit therapeutic options.

A cohort of 88 women with prolapse POPQ stage ≥ 2 (recurrent and symptomatic) or POPQ stage ≥ 3 (primary symptomatic plus comorbidity favoring prolapse recurrence) was followed up for a median of 6.4 years. From 2005 to 2009, the IntePro® macroporous polypropylene mesh with a mesh density of 50 g/m^2 was used, which was then switched to IntePro Lite® with a mesh density of 25.2 g/m^2 until 2015. Although no difference in rates of recurrent prolapse was identified between the two groups, the mesh exposure rate was significantly higher in the heavyweight mesh group (IntePro® 40% versus IntePro Lite® 5.5%; $p < 0.0001$; hazard ratio 4.2).

Results of this study highlight the necessity of differentiating between heavyweight vaginal mesh and lightweight mesh when looking at long-term exposure risks. According to existing data, it seems justifiable to offer lightweight vaginal mesh repair to selected patients (with recurrent and symptomatic prolapse or increased risk of recurrence) after providing detailed information about the risks.

✉ Marianne Koch
marianne.koch@meduniwien.ac.at

[1] Department of Obstetrics and Gynecology, Medical University of Vienna, Vienna, Austria