Clinical effectiveness and cost-effectiveness of surgical options for the management of anterior and/or posterior vaginal wall prolapse: two randomised controlled trials within a comprehensive cohort study – results from the PROSPECT Study

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Plain English summary

Results from the PROSPECT Study

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Plain English summary

About 10% of women have pelvic organ prolapse surgery, and one-third require a further operation. To improve prolapse repair results, surgeons used synthetic mesh and graft materials to reinforce the repair because this had worked well for hernia repairs. This study aimed to provide evidence on whether or not the use of these materials are more effective than a standard/traditional repair.

We compared a standard repair with a standard repair supported with a synthetic non-absorbable mesh inlay or mesh inserted using a kit, or a semi-absorbable biological graft inlay. We asked women about their prolapse and other symptoms, assessed their prolapse measurements and compared the results between the different procedures.

Most women reported that their prolapse symptoms and quality of life improved after surgery. We found that all of the surgical options worked equally well, but mesh or graft surgery was more expensive. Adverse effects were similar in all groups, but some women who had synthetic mesh (around 1 in 20) needed extra surgery, typically to remove a small portion of the mesh. The need for further prolapse surgery was similar for all groups. Results in non-randomised women were similar to randomised women, suggesting that the overall results would apply to most UK women who are having prolapse surgery.

Overall, we found no benefit to women who were having mesh or graft material in the first 2 years, and the costs were higher. Some women did require additional minor surgery for synthetic mesh exposure. Participants will be followed up for at least 6 years after surgery to determine longer-term costs and consequences.

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This report

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