National Institute for Health and Care Excellence

IP372/2 - Uterine suspension using mesh (including sacrohysteropexy) to repair uterine prolapse

IPAC date: 13 April 2017

Com.	Consultee name	Sec. no.	Comments	Response
110.	and organisation			Please respond to all comments
1	Consultee 1 & 2 NHS professionals Joint response	General	Thank you for sending us the draft guideline. As the 2 expert reviewers we felt it appropriate to write a joint response. Overall we felt that this was an excellent piece of work. We note that the paper from UCH, which is large series, is not included and its inclusion would be helpful (ref: Kupelian AS, Vashisht A, Sambandan N, Cutner A. Laparoscopic wrap round mesh sacrohysteropexy for the management of apical prolapse. International Urogynaecology Journal 2016 In addition the sacrohysteropexy technique the document describes involves mesh placement to the posterior cervix or uteroscaral ligaments. The more common technique currently used in the UK is as per Rahmanou et al, Krupelian et al and Jeferris et al., which is a wrap around technique where the mesh encircles the cervix at the level of the internal os. It is only fixed to the anterior cervix. There have been NO cases of mesh avulsion or erosion with this technique in any of the papers published. We are of the opinion that the conclusion regarding mesh erosion only applies to techniques where mesh is placed on the vagina.	Thank you for your comments. A large study with longer follow-up (Jefferris 2016) on wrap around technique has been included in table 2 in the overview. Therefore, Kupelian 2016 has been included in Appendix A. All uterine suspension procedures (including sacrohysterpexy- ie. suspension to the sacral promontory using mesh or tape, suspension to the anterior abdominal wall using mesh or the pectineal ligament using tape) through open or laparoscopic abdominal approaches have been covered in this guidance. The procedure description in the guidance is broad and does not focus on any particular technique.

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