

NF15003 The written report

Eija Laurikainen

I was very pleased getting a grant of up to 17709 DKK from NFOG as requested in my budget for my visit to Oslo University Hospital, Norway. I am also thankful to my professor Seija Grenman for her recommendation.

In many countries the use of mesh in pelvic organ prolapse (POP) repair has been increasing in recent years with reported low short-term risk of POP recurrence. Increased rates of postoperative complications and subsequent reoperations due to new and troublesome symptoms, especially those caused by mesh exposure, have been reported. The potential for complications associated with POP repair using mesh are worrying leading the FDA to issue a public health notification in 2008 with an update in 2011. In Oslo University Hospital at the Department of Gynecology they do very little mesh surgery. They have through their quality database, demonstrated a 5-year reoperation rate after native tissue repair for POP of only 4.9% (Oversand et al. Int Urogynecol J 2014;25:81-89). The Manchester operation was the preferred procedure, performed in 61.7% of procedures. They believe that their reoperation rates is mainly explained by surgical technique. I was there to learn this Manchester technique.

I contacted the former professor Ellen Borstad, the Head of Urogynecology Unit Rune Svenningsen and the Head of Department of Gynecology Bjorn Busund. I was staying with them for two weeks from Monday 31 st of August until Friday the 11 th of September. Colleagues in Oslo had scheduled many patients requiring the Manchester procedure for the period of time I was there. They were able to fully demonstrate for me how they perform this method at their unit. I learned that the crucial part of the Manchester procedure is that the cardinal and sacrouterine ligaments are shortened and transposed to the anterior aspect of the isthmus. During the first week Dr Borstad was also available offering her pedagogic teaching skills. At the outpatient clinic on one day fourteen patients who had undergone Manchester operation came to the 1-year control visit. Together with Dr Borstad I could witness the good results; nobody was facing a reoperation. The urogynecology unit do urodynamic examinations on Mondays and on Fridays. Dr Svenningsen kindly organized me to follow those examinations.

I was back home in Finland on 12 th September and on 14 th September I performed my first Manchester operation!

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