Results

Thirty patients have been operated on using the TVM procedure. Nine of them had cystocele repair ten had rectocele repair and eleven had concomitant cystocele and rectocele repair.

Table (4): Patients characteristics

	Minimum	Maximum	Mean	SD
Age	24	62	43.86	12.39
Parity	3	9	5.1	2.19
Weight	56	94	8.8	9.23
Height	153	172	101.50	4.8
BMI	22.15	37.25	30.31	4.2

Table (4) describes the minimum, maximum, mean, and the standard deviation of the age, parity, height, weight and the BMI of the patients.

- The age of the patients ranged between 24 years 62 years with mean of 43.40±12.39
- The parity ranged between 3-9 with mean of 5.1±2.19
- The weigh ranged between 56-94kgs with mean of 78.8±9.23
- The height ranged between 153-172cms with mean of 101.50±4.87

Table (5): Operative time

Operative time	Minimum	Maximum	Mean	SD
Cystocele	20min	35min	27.86	3.9
Rectocele	20min	30min	22.12	2.4
Cystocele and rectocele	50min	60min	55.84	13.5

Table (5) describes the operative time

- The operative time for cystocele correction alone ranged from 20 - 35 minutes with mean of 27.86±3.9 minutes
- The operative time for rectocele correction alone ranged from 20-30 minutes with mean of 22.2±2.4 minutes
- The operative time for cystocele and rectocele correction ranged from 50-60 minutes with mean of 55.84±13.9 minutes

Table (6): Hospital stay

	Minimum	Maximum	Mean	SD
Post-operative hospital stay in days	2 days	6 days	3.5 days	1.2

Table (6) describes the postoperative hospital stay that ranged from 2-6 days with mean of 3.5±1.2 days.

Table (7): Subjective prolapse symptoms before and after surgery

	Pre-operative N = 30		Post-operative N = 30		P value
	n	%	n	%	
Vaginal mass	30	(100%)	0	0%	‹ 0.001 (HS)
Pelvic discomfort	20	60.6%	3	3.3%	‹ 0.05 (S)
Dysurea	5	16.6%	1	3.3%	› 0.05 (NS)
Urine retenion	3	3.3%	0	0%	›0.05 (NS)
Constipation	13	43.3%	2	6.6%	› 0.05 (NS)
Defecation with vaginal digitations	2	6.6%	0%	0%	› 0.05 (NS)
Dyspareunia	7	23.3%	2	6.6%	› 0.05 (NS)

Table (7) after reviewing symptomatology

- Vaginal mass was present in 100% of patients preoperatively and all improved postoperatively.

- Pelvic discomfort was present in 60.6% of patients which de creased to one case (3.3%) postoperatively which responded to medical treatment.
- Urinary symptoms were present in 8 cases (26.6%) which decreased to one case (3.3%) postoperatively.
- Constipation was present in 13 cases (43.3%) which decreased to 2 cases (6.6%) postoperatively.
- Defecation with vaginal digitations was present in 2 cases (6.6%) and they improved postoperatively.
- Dyspareunia was present in 7 cases (25.3%) which decreased to 2 cases (6.6%).

Table (8): anatomic outcome assessed by pelvic organ Prolapse Quantification (POP - Q) system

POP – Q	Pre-operatively	Post-operatively
Anterior vaginal wall:		
Stage 0a	-	19(95%)
Ia	-	1(0.05%)
IIa	5 (25%)	-
IIIa	12 (60%)	-
IVa	3 (15%)	-
Posterior vaginal wall :		
Stage 0p	-	19(95%)
Ip	-	2(0.05%)
IIp	7 (33.3%)	-
IIIp	9 (42.8%)	-
IVp	5 (23.8%)	-

Table (9): intra and post-operative complications

Adverse event	%
Rectal injury	0 (0%)
Blood transfusion	0(0%)
Hematoma	0 (0%)
Urinary retention	1 (3.3%)
Mesh infection	0 (0%)
Vaginal erosion	2 (6.6%)

There were no intra-operative complications. Two cases of vaginal erosion were observed. One case required surgical treatment.

The visible graft was excised and the vagina was sutured directly, under local anesthesia.The other case was managed successfully with conservative treatment in the form of estriol (1mg).