Peppermint
Towards a perfect pelvis

Simon Emery
Causes of prolapse

- Neglect
- Neglect
- Neglect
prevention

- Awareness of pelvic floor
- Prepare before pregnancy
- Repair after pregnancy
- Avoid constipation
muscle

Fast and slow

Strength

Relaxation
Examination of power

- Pelvic floor muscle
- Strength, endurance and repetition of muscle contraction
- Modified Oxford grading system
- 0 - Nil
- 1 - Flicker
- 2 - Weak
- 3 - Moderate
- 4 - Good
- 5 - Strong
squeeze

- Squeeze
- Squeeze
- Squeeze
Bothered?

- Lump
- pain/dragging
- Leakage - urine/faeces
- Unable to empty - retention, constipation
- sex
Bladder or bowel

- Do you have difficulty completely emptying?
- Do you have to push the prolapse back with a finger to help empty?
- Do you suddenly get a strong urge to rush to the toilet?
- Do you start to leak before you make it to the toilet?
- Do you leak when you are physically active, cough, sneeze or have sex?
Sexual function

- Do you have a sex life at present?

- Do you avoid sexual activity because of prolapse?

- How does your prolapse affect your satisfaction with sexual activity?
How to diagnose

- Relaxed doctor and patient
- time
- good light
- Simms speculum
- sponge forceps
- rectal examination
The full range

- Urethrocoele
- Cystocele
- Uterine/vault
- Enterocoele
- Rectocele
- Defecent perineum

- Vaginal length
- Perineal length
- Genital hiatus
- Vaginal squeeze
- Anal squeeze
- Anal canal length
- Perineal body volume
- Tissue flexibility
Prolapse interactive

- Bard interactive software
  - www.bardurological.com/POP-Q
Pelvic organ prolapse
Simplified description
Does it matter?

- Yes and no
- Symptoms
  - Urinary
  - Bowel
  - Sexual
  - General discomfort, lifestyle
To operate or not to operate

- Pelvic floor exercises
- Pessaries
- Oestrogen
STERILE
RING PESSARY
PVC
Size 77 mm
Ref. 700/300/077
Cleanse with hot, soapy water.
Boil to disinfect. Do not use antiseptic.
Sterilized by Ethylene Oxide

PORTEX
Surgery old and new

- Preserve vaginal length
- preserve sexual function
- preserve fertility
- avoid scarring
Surgical failures

- Minimal RCT data

- Short term 20% after 1 yr

- Longer term 50% after 5 yrs
anatomy

- Complex
- 3D
- Variable with age and atrophy
- Distorted by prolapse
  - Fascial planes
  - Muscle
  - Ligaments
  - Vessels and nerves
  - Bone
Arcus Tendineous (White Line)

Ischial Spines

Pubic Bone

Sacrum

Pubocervical Fascia

Uterosacral Ligaments

Anterior Placement Anatomic Path

- Internal pudendal artery
- Obturator artery
- Pudendal nerve
- Ischial spine
- Ischial tuberosity
- Pubococcygeus muscle
- Internal pudendal vessels
- Pudendal nerve
My route to mesh and beyond

1978 Aldridge sling
    MMK
    Stamey
    Burch
    autologous sling
      long free
      short free
    TVT
    Obturator slings

- Vaginal hysterectomy
- Uterosacral plication
- Anterior and posterior repairs
- Autologous sacrocolpopexy (pelvicol)
- IVS
- Sacrospinous fixation
- Bridge repairs
- Free collagen/soft mesh
- Supported mesh - Prolift 2005
dilemmas

- Finding the tissue planes
- Vaginal closure techniques
- Optimal uterine position
- Enhanced strength of repairs may hasten occurrence of other defects.
- Constipation
- Perineal body
- Patient selection
- Ethics of innovation
- Independent audit
dawn of a new era?

• Yes but go cautiously  2008

• Gynaecare discontinue all mesh kits 2012

• What is next?
  – Fascial repairs
  – Biological implants, autologous tissue engineering
  – Softer, wider spaced, simpler fixation meshes?
Jack Vettriano “the singing butler” 1998
Sheffield prolapse questionnaire

- 8 domains
- by prolapse we mean a lump coming down into the vagina.
- Each question is linked to bothersomeness index vis
  - never
  - occasionally
  - most of the time
  - all of the time
The TOTAL Repair Kit
General questions

- How long have you been aware of prolapse?
- Does your prolapse interfere with activity?
- Overall, how much does your prolapse interfere with your enjoyment of life?
- How would you feel if you had to spend the rest of your life with this prolapse?
Prolapse symptoms

- Are you aware of a lump?
- Does the lump come out of the vagina?
- Difficulty keeping a tampon in?
- Soreness in your vagina?
- Dragging pain in your lower abdomen?
- Do you suffer from low back pain?
Sexual function

- Do you have a sex life at present?
- Do you avoid sexual activity because of prolapse?
- How does your prolapse affect your satisfaction with sexual activity?
- How often do you have sexual intercourse?
Faecal function

- Do you feel that you cannot completely empty your bowel?
- Do you have to insert a finger into your back passage or vagina to help empty your bowel?
- Do you have the urge to open your bowels but are unable to pass a motion?
- Do you have to rush to get there in time?
- Does stool leak before you get to the toilet?
bladder

- Do you have difficulty completely emptying your bladder?
- Do you have to push the prolapse back with a finger to help empty your bladder?
- Do you suddenly get a strong urge to rush to the toilet to urinate?
- Does urine start to leak before you make it to the toilet?
- Does urine leak when you are physically active, cough or sneeze?
Pessaries

- How to choose
- size matters
- who changes
- when change
- check speculum exam for erosions
Inco-stop device
Next Generation
Pelvic Floor repair
Mesh talk UKCS 08

Simon Emery

swansea
- My journey
- Published data re mesh from Ethicon+ WSSG
  - Per-operative complications
  - Post-operative complications
- Nice consultation
- Observations
- Questions otiose quietus
My route to mesh

1978 Aldridge sling
MMK
Stamey
Burch
autologous sling
long free
short free

TVT
Obturator slings

• Vaginal hysterectomy
  uterosacral plication
• Anterior and posterior repairs
• Autologous
  sacrocolpopexy(pelvicol)
• IVS
• Sacrospinous fixation
• Bridge repairs
• Free collagen/soft mesh
• Supported mesh-Prolift 2005
GYNECARE PROLIFT* Pelvic Floor Repair System Data
ETHICON Women’s Health & Urology, The Netherlands
Published data

26 studies

3158 patients

plus west of Scotland study

Cure and failure rates are provided as defined by authors. Statistical analysis of the cure and failure rates is not possible due to different scales used by authors (i.e. POP-Q, Baden Walker Scale, Subjective Scales).
<table>
<thead>
<tr>
<th>Summary</th>
<th>Range</th>
<th>Median</th>
<th>WSSG</th>
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<tbody>
<tr>
<td><strong>Number of patients available for follow up</strong></td>
<td>23 – 687</td>
<td>85</td>
<td>289</td>
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<tr>
<td><strong>Follow up</strong> (months)</td>
<td>1.6 – 13.9</td>
<td>5</td>
<td>3-22</td>
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<tr>
<td><strong>Cured or improved</strong> (as defined by authors)</td>
<td>81% - 100% (&gt;90% in 19 studies) (&lt;90% in 5 studies)</td>
<td>94.2</td>
<td>95</td>
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<tr>
<td><strong>Recurrence rate or unsatisfactory results</strong> (not-operated compartments excluded)</td>
<td>0 – 19% (&lt;6% in 14 studies) (&lt;10% in 4 studies) (&gt;10% in 4 studies)</td>
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<td>7.3</td>
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Per-operative Complications

Number of studies: 24

number of patients: 3296
<table>
<thead>
<tr>
<th>Per op complications</th>
<th>Range</th>
<th>Median</th>
<th>WSSG</th>
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<tbody>
<tr>
<td>n 3296</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bladder Perforation</td>
<td>0 – 5.3%</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>Neurological Injury</td>
<td>0</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Haemorrhage</td>
<td>0 – 3.3%</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Vaginal Perforation</td>
<td>0 – 1.8%</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Urethral Injury</td>
<td>0 – 1.5%</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Rectal injury</td>
<td>0 – 1.6%</td>
<td>0</td>
<td>1.1</td>
</tr>
<tr>
<td>Bladder injury</td>
<td>0 – 1.3%</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Haematoma</td>
<td>0 – 4%</td>
<td>0.8</td>
<td>1</td>
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Post-operative Complications

Number of studies: 25

number of patients: 3322
<table>
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<tr>
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<th>Range</th>
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<th>WSSG</th>
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</thead>
<tbody>
<tr>
<td>Urinary tract Infection</td>
<td>0 – 11.8%</td>
<td>0</td>
<td>2.4</td>
</tr>
<tr>
<td>Wound Infection</td>
<td>0 – 0.4%</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>De Novo SUI</td>
<td>0 – 9.7%</td>
<td>4.1</td>
<td>4.8</td>
</tr>
<tr>
<td>De Novo Urge</td>
<td>0 – 11%</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td>0 – 34.7%</td>
<td>1.7</td>
<td>5.2</td>
</tr>
<tr>
<td>Erosion</td>
<td>0 – 12.3%</td>
<td>5.3</td>
<td>10</td>
</tr>
<tr>
<td>Dyspareunia</td>
<td>2.8 – 6.3%</td>
<td>4.2</td>
<td>4.5</td>
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<tr>
<td>Fistula</td>
<td>0 – 2.2%</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Abscess</td>
<td>0 – 3.9%</td>
<td>0</td>
<td>0.7</td>
</tr>
<tr>
<td>Cellulitis</td>
<td>0 – 0.15%</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Retention</td>
<td>0 – 26.9%</td>
<td>0</td>
<td>9</td>
</tr>
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</table>
NICE consultation closed for comments mar 08
guidance due june 08

- Mesh *may* be more efficacious than traditional methods
- Risk of significant morbidity
- Alert clinical governance committee
- Full consent
- Audit/research
- Difficult surgery-need special training
dilemmas

- Finding the tissue planes
- Vaginal closure techniques
- Optimal uterine position
- Enhanced strength of repairs may hasten occurrence of other defects.
- Constipation
- Perineal body
- Patient selection ethics of innovation
- Independent audit
dawn of a new era?

- Yes but go cautiously

- Thank you
<table>
<thead>
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</tr>
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<tbody>
<tr>
<td>Used databases:</td>
<td>Pubmed, Medline, Google, ETHICON Women’s Health &amp; Urology library</td>
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<tr>
<td>Mesh headings:</td>
<td>GYNECARE Prolift, Transvaginal Mesh, TVM, Polypropylene, Synthetic Implants, Pelvic Organ Prolapse, Vaginal Surgery</td>
</tr>
<tr>
<td>Included:</td>
<td>Publications in which GYNECARE PROLIFT or Trans Vaginal Mesh, as described by the French TVM group, is discussed</td>
</tr>
<tr>
<td>Excluded:</td>
<td>Publications in which GYNECARE GYNEMESH or GYNEMESH Soft is discussed</td>
</tr>
</tbody>
</table>
Broad Mesh

- Provide coverage from ATFP to ATFP natural boundaries of the pelvic floor prevent or restore lateral defects

- Provide lateral contact with the ATFP for strong fixation of the mesh

- As much tension-free placement as possible to prevent symptomatic shrinkage to avoid postoperative pain and dyspareunia as much as possible

Non-absorbable Mesh

- The non-absorbable mesh is the gold standard in parietal hernia repair. Absorbable meshes tend to show worse long-term results.

- Monofilament
  Multifilament meshes tend to show high erosion and infection rates.

- Macro porous
  For optimal tissue in growth and passage of macrophages.

- Lightweight and soft
  For improvement of tolerance.

Berrocal et al 2004 (27)
Risk Factors for erosion/exposure

• Concomitant hysterectomy

• Use of T-incisions

• Pulling mesh arms through tissue without use of cannulas

• Too superficial placement of the mesh

Sacro-spinal Fixation

- For adequate anchoring of the mesh

Berrocal et al 2004 (27), Gustilo (30)
## Mean Distances From the Two Anterior TVM Trocars to Anatomic Structures

<table>
<thead>
<tr>
<th>Anatomic Structure</th>
<th>Anterior Superior Trocar Mean Distance in cm</th>
<th>Anterior Inferior Trocar Mean Distance in cm</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAN Obturatorius</td>
<td>3.2 – 3.5</td>
<td>-</td>
</tr>
<tr>
<td>Spina Ischiadica</td>
<td>-</td>
<td>2.0 – 2.2</td>
</tr>
<tr>
<td>VAN Pudendus</td>
<td>-</td>
<td>1.7 – 2.1</td>
</tr>
<tr>
<td></td>
<td>According to Reisenauer et al (29)</td>
<td></td>
</tr>
<tr>
<td>ATFP</td>
<td>0.3 (0.2–0.4)</td>
<td>0.3 (0.2–0.5)</td>
</tr>
<tr>
<td>Ischial spine</td>
<td>4.7 (4.2–5.2)</td>
<td>2.7 (2.1–3.3)</td>
</tr>
<tr>
<td>Obturator canal from perineal approach</td>
<td>2.5 (2.2–2.8)</td>
<td>2.7 (2.2–3.2)</td>
</tr>
<tr>
<td>Obturator canal from Space of Retzius</td>
<td>3.9 (3.5–4.2)</td>
<td>3.0 (2.5–3.4)</td>
</tr>
<tr>
<td>Medial branch of obturator vessel</td>
<td>0.8 (0.6–1.0)</td>
<td>0.7 (0.4–1.1)</td>
</tr>
<tr>
<td>Bladder</td>
<td>0.7 (0.5–0.9)</td>
<td>1.3 (0.8–1.9)</td>
</tr>
<tr>
<td>Ureter (at bladder insertion)</td>
<td>2.5 (2.0–2.9)</td>
<td>2.2 (1.8–2.6)</td>
</tr>
<tr>
<td></td>
<td>According to Gustilo et al (30)</td>
<td></td>
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</table>
### Mean Distances From the Posterior TVM Trocar to Anatomic Structures

<table>
<thead>
<tr>
<th>Anatomic Structure</th>
<th>Mean Distance in cm</th>
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<tbody>
<tr>
<td>Minimal distance cannula to</td>
<td></td>
</tr>
<tr>
<td>Pudendal Nerve</td>
<td>0.5 – 1cm</td>
</tr>
<tr>
<td></td>
<td>According to Reisenauer et al (29)</td>
</tr>
<tr>
<td>Sacrospinous ligament</td>
<td>0.1 (0.0–0.1)</td>
</tr>
<tr>
<td>Rectum</td>
<td>0.8 (0.6–1.0)</td>
</tr>
<tr>
<td>External anal sphincter</td>
<td>2.3 (2.0–2.6)</td>
</tr>
<tr>
<td>Inferior rectal vessel</td>
<td>0.9 (0.7–1.1)</td>
</tr>
<tr>
<td>Pudendal vessels exiting</td>
<td></td>
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<tr>
<td>from Alcock’s canal</td>
<td>2.6 (2.3–3.0)</td>
</tr>
<tr>
<td>Ischial spine</td>
<td>2.5 (1.9–3.1)</td>
</tr>
<tr>
<td>Coccyx</td>
<td>3.5 (2.7–4.2)</td>
</tr>
<tr>
<td></td>
<td>According to Gustilo et al (30)</td>
</tr>
</tbody>
</table>

**Recommendations:**

1. Perforate sacrospinous ligament at 2-2.5cm from ischial spine
2. Follow Prolift protocol
3. Know anatomic landmarks

*Reisenauer et al (29), Gustilo et al (30), Mokrzycki et al (35)*
Reference List
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4. Transvaginal mesh technique for pelvic organ prolapse repair: mesh exposure management and risk factors.
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5. Perioperative Morbidity Using Transvaginal Mesh in Pelvic Organ Prolapse Repair
Daniel Altman, MD, PhD, and Christian Falconer, MD, PhD, for the Nordic Transvaginal Mesh Group

6. Sedation and local anaesthesia for vaginal pelvic floor repair of genital prolapse using mesh
Flam F.
7  **Proliftmesh (Gynecare) for pelvic organ prolapse. Surgical treatment using the TVM group technique**  
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8  **Transvaginal mesh repair of pelvic organ prolapse with Prolift technique: one year outcomes**  
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Abstract  International Uro Gynecological Association Congress, Cancun June 2006

9  **Medium term outcome of Prolift for vaginal prolapse**  
Groenen R, Vos MC, Vervest HAM  
Abstract  International Uro Gynecological Association Congress, Cancun June 2006

10  **Advanced mesh implants for vaginal pelvic floor reconstruction: report of 150 Prolift operations**  
Neuman M, Friedman, M  
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11  **Collaborative study in the correction of the female genital prolapse with Gynemesh Prolene Soft through the Prolift system anchorage**  
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14 Efficacy of Prolift system in the treatment of pelvic floor disorders: experience after first hundred cases
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15 Functional and anatomical outcome of prolapse repair surgery using Prolift mesh at 6 months
Roberts CH, Nnochiri A, Rostom N, Barnick C
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16 The use of Prolift in the surgical treatment of pelvic organ prolapse
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19 **Genital floor repair using polypropylene meshes: a comparative study**
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20 **One year anatomical outcome (POP-Q) of Pelvic Organ Prolapse after surgery with Prolift prosthesis vs collagen prosthesis (Pelvicol) vs hysterectomy with classical anterior colporphy: prospective study**
Valentim-Lourenco AVL, Henriques AH, Bernardino MB, Ribeirinho ALR, Calhaz-Jorge CCJ
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21 **Efficacy of Prolift system in the treatment of pelvic floor disorders – experience after first hundred cases**
Futyma K, Adamiak A, Skorupski P, Tomaszewski J, Gogacz M, Rechberger T
Abstract International Continence Society congress, Rotterdam August 2007
Anatomical and functional assessment of vaginal prolapse treatment in women undergoing transvaginal synthetic mesh implantation (Gynecare Prolift)

Jakimiuk AJJ, Borucki WB, Beta JB, Maciejewski TM, Durcynski AD

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Transvaginal Mesh (TVM): an innovative approach to placing synthetic mesh transvaginally for surgical correction of pelvic support defects – peri operative safety results


Video abstract , International Continence Society Congress, Canada August 2005

Perioperative Outcomes of Tension Free Vaginal Mesh Procedures Following Introduction to a Teaching Service

Alperin M, Ellison R, Sutkin G, Moalli PA, Zyczynski HM

27 **Conceptual Advances in the surgical management of genital prolapse. The TVM technique emergence**

28 **The prosthetic kits in the prolapse surgery: is it a gadget?**
Debodinance P, Amblard J, Fatton B, Cosson M, Jacquetin B.

29 **Anatomical conditions for pelvic floor reconstruction with polyproylene implant and its application for the treatment of vaginal prolapse.**
Reisenauer C, Krischniak A, Drews U, Wallwiener D.

30 **Anatomic relationships of the Tension Free Vaginal Mesh trocars**
Gustilo AM, Chen G, Paraiso MF

31 **Nerve preservation in tension-free vaginal mesh procedures for pelvic organ prolapse:**
*a cadaveric study using fresh and fixed cadavers*
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Ignjatovic I, Stosic D

33 **Comparison of surgical outcomes of TVTO as an isolated procedure and when combined with Prolift**
Nnochiri A, Rostom N, Roberts C, Barnick C
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34 **Pelvic floor reconstruction employing Prolift in high-risk surgical patients using Pudendal nerve blockade with intravenous sedation**
Aguirre OA, Minne LA
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35 **Pelvic arterial embolization in the setting of acute hemorrhage as a result of the anterior Prolift procedure**
Mokrzycki M, Star Hampton B
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36 **Transobturator Polypropylene Mesh Interposition For Paravaginal Defect Repair In Women With Symptomatic Cystocele POP-Q Stage III / IV- A Prospective Trial.**
Seeger D, Schmidt A, Kimmig R

37 **Prolift Anterior: 6 Month Data On 29 Procedures.**
Hinoul P, A Shankour F, Ombelet W, Smajda S
Appendix
<table>
<thead>
<tr>
<th>Complications included:</th>
<th>All complications that are mentioned in more than two publications</th>
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<tbody>
<tr>
<td>Complications excluded:</td>
<td>All complications that are mentioned in not more than two publications</td>
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<tr>
<td>Excluded complications:</td>
<td>Anaemia, fever, excessive bleeding, blood transfusion, defecation difficulties, embolism, synechia, granuloma</td>
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<td>Additional notes:</td>
<td>If a percentage represents only one patient in a series, this is noted by: ‘n=1’</td>
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<tr>
<td></td>
<td>If an author has conflicts of interest, as stated in the article, this is noted</td>
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<td></td>
<td>If a study was funded by ETHICON, as stated in the article, this is noted</td>
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<tr>
<td></td>
<td>This document has no scientific foundation</td>
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