

# OP11

## PATIENT ACCEPTABILITY OF FASCIA LATA HARVEST FOR RECONSTRUCTIVE PELVIC SURGERY

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### INTRODUCTION

Reconstructive Surgery often requires a supporting graft. Mesh was deemed the gold standard due to its strength (1) but became unpopular due to mesh erosion and pain. Allografts are associated with virus prion transfer and failure due to loss of proteoglycans. Xenografts has been associated with up to 20% failure (2) due to reabsorption rather than incorporation. This has led to interest in autologous fascia lata.. Studies have shown its longevity (3) but concerns centre on potential long term pain and issues with cosmesis

### METHOD

39 patients underwent fascia lata harvest from 2019-2023 . Questionnaires were sent to the patients relating to

- 1) issues with scar healing or appearance
- 2) post op bruising
- 3) swelling at the harvest site
- 4 pain in the leg /harvest site
- 5) choice of fascia lata

31 patients responded ( 82%)

### RESULTS

Q1

87% no issues with healing

6% post op infection requiring oral antibiotics.

0% issues /concerns with the long term cosmesis

Q2

( harvest site was managed with a compression bandage for 48 hours.)

87% no bruising.

9.6 % significant bruising that was managed conservatively. No patient required a blood transfusion.

3% mild bruising

Q3

93.5% experienced no swelling after surgery.

6.5% mild seroma which settled after physio

0% noted any muscle herniation

Q4

77% described NO pain

6% LAS 4 ( 2 with bruising )

3% LAS 3. (1 with seroma)

6% LAS 2. ( wound infection)

6% LAS 1 ( tingling of the skin )

Q5

91% choice associated with Montgomery compliant discussion

6% previous failed xenograft.

3% recommended fascia lata for autologous sling following extensive abdominal surgery

## CONCLUSION

All patients were happy with the graft choice.. No patients described significant complications /concerns regarding cosmesis. Fascia lata should be considered rather than synthetic grafts for reconstructive surgery.

### References:

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