Clinical Article Summary

Long-Term Outcomes of Allograft-Augmented Anterior Compartment Prolapse Repair: 5–8 Year Follow-Up

M. Patel, MD
V. Lucente, MD

AUGS abstract
Oct. 2026

Abstract

Objective:
The study evaluated the long-term effectiveness and safety of allograft-augmented anterior compartment prolapse repair, with particular emphasis on sustained anatomic support, resolution of prolapse symptoms, anterior compartment reintervention, graft-related complications, and patient satisfaction.

Study Design and Population:
A retrospective chart review of a consecutive cohort of 337 patients who underwent allograft-augmented anterior compartment prolapse repair using Axis Dermis, Human-derived dermal allografts processed using Tutoplast® technology. 300 patients were assessed at 5–8 years postoperatively. Outcomes included posterior compartment recurrence, reintervention, postoperative pain, dyspareunia, and patient satisfaction.

The composite treatment-success endpoint required all three of the following:

- Anatomic success, defined as POP-Q stage ≤2 with point Ba ≤ –1 cm
- Absence of vaginal bulge symptoms
- No reintervention in the anterior compartment

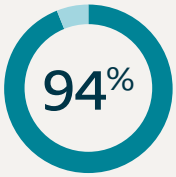
Long-Term Effectiveness Outcomes

- At 5–8 years, 94% (282/300) of assessed patients met the composite treatment-success endpoint, indicating maintenance of the defined anatomic outcome, absence of vaginal bulge symptoms, and no anterior compartment reintervention.
- Among the patients who did not meet the anatomic success criteria, 4% were asymptomatic and managed with observation and 2% underwent repeat prolapse surgery.
- Patient-reported satisfaction was very high, with 92% (276/300) stating that they would recommend the procedure.
- A subsequent rectocele occurred in 11% of patients, with or without perineal descent. The poster reports that all patients who developed a subsequent rectocele had a genital hiatus >4 cm.

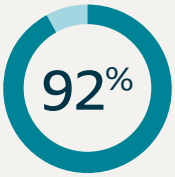
Results

5-8 year follow up
300 patients

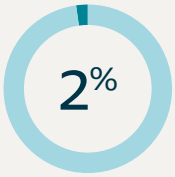




Treatment success



Patient satisfaction



Retreatment rate

Zero
Graft-related complications

Coloplast

Safety Outcome	Result
Graft exposure/erosion	0% (0/300)
Graft-related infection	0% (0/300)
Graft removal/excision	0% (0/300)
Wound-healing complication	0% (0/300)
De novo dyspareunia	0% (0/300)
Bleeding/hematoma requiring intervention	0% (0/300)
Pain requiring further intervention	0% (0/300)

Key Takeaways	Supporting Data
Allograft-augmented repair demonstrated strong long-term treatment durability	**94% (282/300)** achieved composite treatment success at 5–8 years, defined by anatomic success, absence of vaginal bulge symptoms, and no anterior compartment reintervention.
Most patients did not require additional anterior compartment intervention	**94%** achieved composite treatment success, **4%** were asymptomatic and observed, and **2%** underwent repeat surgery.
Patient satisfaction was very high	**92% very much better – 92% (276/300)** said they would recommend the procedure
Favorable long-term safety profile with no identified graft-related complications	**0% (0/300)** for graft exposure/erosion, graft-related infection, graft removal/excision, wound-healing complications, de novo dyspareunia, bleeding/hematoma requiring intervention, and pain requiring further intervention.
Short operative/procedure time and ambulatory recovery	Total operative time was **<1 hour**, with **same-day ambulatory discharge**.
Durable outcomes were associated with a standardized surgical technique	Key elements included bilateral sacrospinous fixation, full-thickness anterior vaginal wall dissection, graft integration with blood supply, appropriate apex/cervix suture placement, and distal support near the bladder neck.

Axis / Suspend Brief Statement

Description

Axis Tutoplast® Processed Dermis and Suspend Tutoplast® Processed Fascia Lata are regulated as 361 human cell and tissue products and are restricted to homologous use for the repair, replacement, reconstruction or augmentation of soft tissue by a qualified healthcare professional. This includes supplemental support and reinforcement of soft tissue, such as suburethral graft placement in stress urinary incontinence procedures, and support and reinforcement of fascial structures in the pelvic floor in pelvic organ prolapse procedures.

Warnings

The same medical/surgical conditions or complications that apply to any surgical procedure may occur during or following implantation. As with any human tissue implant, the potential for transmission of infectious agents may exist. A small number of patients may experience localized immunological reactions to the implant. Successful treatment is dependent upon the patient's host tissue response. Resorption of the implant and commensurate substitution with functional host tissue is required to restore function.

Precautions

Prior to use, the surgeon must become familiar with the implant and the surgical procedure. Poor general medical condition or any pathology that would limit the blood supply and compromise healing should be considered when selecting patients for procedures using this implant; as such conditions may compromise outcomes. The implant should be used with caution in surgical sites where an active infection is present or in sites with poor perfusion. If the surgeon determines that the clinical circumstances require implantation in a site that is contaminated or infected, appropriate local and/or systemic anti-infective measures should be taken. Appropriate placement and fixation of the implant are critical to success of the surgical procedure. The Suspend Tutoplast Processed Fascia Lata implant should be used with caution in sites where it is placed perpendicular to native tissue.

Tutoplast is a registered trademark of Tutogen Medical GmbH

PM-11535 02.2026