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SELF-REPORTED EXPERIENCES OF RECURRENT PROLAPSE

Hypothesis / aims of study

The purpose of the study was to describe the characteristics and history of recurrent prolapse among women seeking Urogynecologic evaluation at a tertiary care center.

Study design, materials and methods

A convenience sampling of patients presenting to our Urogynecology clinic or undergoing surgical intervention at our center for recurrent pelvic organ prolapse (POP) between January 1998 and January 2010 were asked to complete a questionnaire. Individuals may have had more than one episode of recurrent POP. The recurrent POP at the time of presentation was regarded as the index prolapse. Patients were asked to characterize the index POP as well as reflect on past recurrences. The survey focused on information related to timing of their recurrence(s), symptoms of their index POP recurrence, and demographic characteristics (BMI, parity, hysterectomy and menopause status). Further characterization of the patient's POP and the timeline of recurrence was accomplished by evaluation of the physician notes and medical records. Data were evaluated using descriptive statistics.

Results

Ninety-eight subjects completed the questionnaire regarding their recurrent POP, of which ninety-three had sufficient data for analysis. The participating women had a mean age of 62.9 $\pm$ 9.7 years, BMI of 27.9 $\pm$ 5.2 kg/m^2, and parity of 2.8 $\pm$ 1.2. Ninety-six percent were Caucasian, 3.0% African American, and 1.0% Asian. A majority were postmenopausal (91.2%) and had prior hysterectomy (95.7%, 69% of whom were for prolapse). Prior to presentation at our facility, all subjects had at least one surgical treatment for prolapse, and 46.2% had undergone multiple prior treatments (34.4% had two, 8.6% had three, and 3.2% had four or more).

Eighty-four percent of subjects (76/90) reported that they self-discovered the prolapse, while the remaining 16% (14/90) were diagnosed by their physician. Regardless of who discovered the prolapse, 31% of subjects reported that they had not informed their prior surgeon of their recurrence. The most common symptoms subjects associated with return of their prolapse were incomplete emptying of bowel (56.5%), urinary incontinence (55.3%), low back pain (51.8%), constipation (42.4%), and dyspareunia (40.0%). Thirty-four subjects, or 43% (n=79), reported their index symptoms were consistent with their prior POP symptoms. Fifty-six reflected on the severity of their symptoms, of which 46% (26/56) said that they were the same, while 38% (22/56) said they were more severe.

Subjects were stratified as having persistent prolapse if return of symptoms occurred within 3 months of prior surgery, and recurrent prolapse if they had relief of symptoms for at least 3 months after surgery. Patient recall of the return of symptoms showed that after the primary surgery for POP, 36% fell in the persistent category, while 64% (48/75) had recurrent POP with a mean 72.0 months of relief. After the second and third treatments, similar percentages were seen regarding persistence and recurrence (62.5 % (15/24) had recurrent POP with a mean 38.6 months of relief, and 66.7% (4/6) had recurrent POP with a mean 22 months of relief, respectively). These proportions are not dependent on number of prior surgeries (p=0.98). Figure 1 illustrates these findings. The time intervals in months between successive treatments were as follows: after the first surgery, 89.5 ± 106.9; after the second surgery, 71.7 ± 77.9; and after the third surgery, 29.9 ± 25.2. Table 1 summarizes these findings.

Interpretation of results

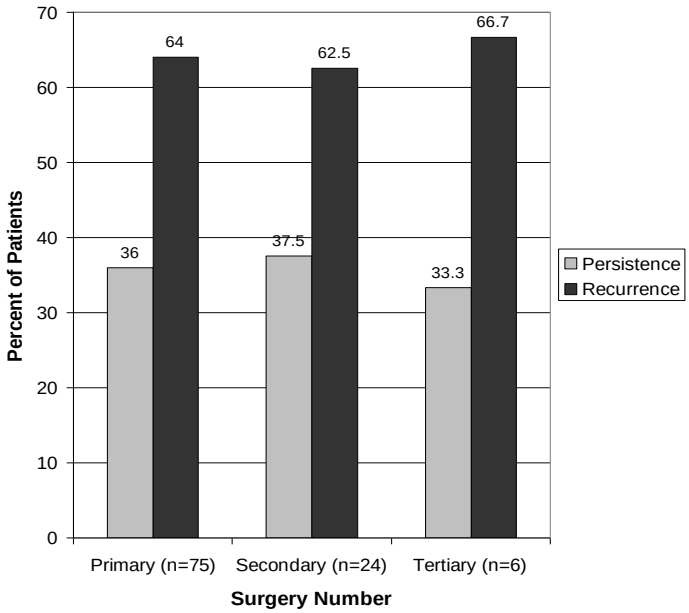
From the convenience sampling of patients presenting to our institution with recurrent prolapse, most subjects discovered their prolapse themselves. One-third of patients reported they had not informed their prior surgeon of their recurrence. A majority of women felt that their symptoms were either the same or worse than prior to treatment. Regardless of the number of prior treatment failures, approximately 40% of the time symptoms recurred within 3 months suggesting persistence of prolapse or failure of prior operative approach to achieve even short-term success. Approximately 60% had a longer interval to return of symptoms. While it appears that the mean time to return of symptoms and time to the next treatment decreases with each successive operation, there was too much variability within the data to be statistically significant (p=.31, p=.21, respectively).

Table 1. Patient Recall of Symptom Return and Treatment Timeline

	Mean time interval ± SD (months)	
Surgery	**Return of symptoms***	**Interval to next surgery**
Primary Surgery	72.0 ± 103.0 (n=48)	89.5 ± 106.9 (n=92)
Secondary Surgery	38.6 ± 40.7 (n=15)	71.7 ± 77.9 (n=31)
Tertiary Surgery	22 ± 8.8 (n=4)	29.9 ± 25.2 (n=8)

* among women in "recurrent population" with return of symptoms > 3 months

Figure 1. Percent of Persistent and Recurrent POPs with Each Successive Surgery



Concluding message

In this population, forty percent of patients have early recurrence, independent of the number of previous operative treatments, and most women report that their symptoms are the same or worse than prior episodes of prolapse. One-third of patients had not informed their surgeon of their recurrence suggesting that, as gynecologists, we may not have an accurate assessment of our outcomes.

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Is this a clinical trial?	**Yes**
Is this study registered in a public clinical trials registry?	**No**
Is this a Randomised Controlled Trial (RCT)?	**No**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**Yes**
Specify Name of Ethics Committee	**Institutional Review Board of the University of Michigan Medical School (HUM00017850)**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**