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Bracken J[1], Tran D[1], Kuehl T[1], Yandell P[1], Shull B[1]
1. *Scott and White Memorial Hospital and Clinic, Texas A&M Health Science Center College of Medicine*

TRANSVAGINAL REPAIR OF FAILED ABDOMINAL SACRAL COLPOPEXY UTILIZING GRAFT.

Hypothesis / aims of study

To describe a transvaginal surgical approach for recurrent vaginal prolapse after history of abdominal sacral colpopexy (ASC) and to report outcomes.

Study design, materials and methods

Retrospective case series of 23 patients with 24 cases of recurrent vaginal vault prolapse following a prior ASC since January, 2000, where the correction procedure involved a vaginal cuff suspension to the sacral colpopexy graft or where the correction procedure involved a vaginal cuff suspension to the uterosacral ligament remnants and not to the sacral colpopexy graft. Data was obtained from 23 patients - 9 in whom the vaginal cuff was reattached to the graft material from the prior ASC, and 13 in whom the graft was not used in the repair of vault proplapse and 1 in whom both procedures were performed. De-identified information used for analysis included patient characteristics, pre-operative pelvic floor assessment, operative information, and post-operative follow-up. Analyses included descriptive variables reported as means with standard deviations and percentages with 95% confidence intervals. Cases in which the graft material was used in the repair were compared to those in which graft material was not used with parametric and nonparametric statistical methods. A survival curve for the durability of the second repair was constructed using the available follow-up data.

Results

Patient characteristics including age, height, weight, BMI, number of previous vaginal deliveries, race, menopausal status, estrogen use, and tobacco use at the time of transvaginal repair did not differ between the two types of cases. Pre-operative Baden-Walker scores when available for bladder, cervical cuff, cul-de-sac, and rectum were also similar (mean of 3, 2, 2, and 1, respectively for 8 cases where existing graft was used versus 3, 3, 3, and 1, respectively for 14 cases where existing graft was not used). Additional procedures were performed equally in the two sets of cases (71% of all cases). Patients presented with a similar proportion of SUI, urge, and voiding dysfunction in both groups. The time from the previous failed procedures was similar (3.2 years in cases with graft use versus 3.7 years in cases without use of the graft). The reasons the previous graft material was not used include: it was not found in 10 cases, was embedded in adhesions in 2 cases, or was detached in 2 cases. In 3 cases where graft material was used, it was noted to have portions with erosion. Blood loss and hospital stay were similar in both sets of cases. A failed voiding trial on the first post-operative day was common in both groups, 60 and 64%. All 10 cases where graft material was used had at least one follow-up visit and 10 of the 14 other cases had follow-up visits. Follow-up duration was similar in both groups with a median of 8 and 6 weeks and ranges of 1 to 78 weeks and 5 to 356 weeks in the 10 cases of both types, respectively. Two patients of 10 in each type of repair had a failure of pelvic support following the procedure. One subject with a procedure using the graft developed bulging from the left side prior to 78 weeks post-op and subsequently underwent another repair that did not use the graft material. The other developed a rectocele halfway to the hymen by 6 weeks post-op. One of the subjects in whom graft material was not used developed a recurrent, asymptomatic anterior prolapse at 12 weeks and the other developed anterior prolapse at 7 weeks post-op.

Interpretation of results

When using a transvaginal surgical approach for recurrent vaginal prolapse after a history of failed abdominal sacral colpopexy (ASC) the previous graft material in this series was available for use in 42% of cases. Patient characteristics and outcomes with short-durations of follow-up were similar in both types of cases.

Concluding message

It is feasible to utilize the graft material when performing uterosacral ligament cuff suspension for recurrent vaginal vault prolapse in patients with a prior history of abdominal sacral colpopexy.

Specify source of funding or grant	**None**
Is this a clinical trial?	**No**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**Yes**
Specify Name of Ethics Committee	**Scott and White Internal Review Board (IRB)**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**No**