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EVALUATION AND FOLLOW UP OF THE PATIENTS WITH COLPOSACROPEXY IN THE MANAGEMENT OF PELVIC ORGAN PROLAPSE, OUR EXPERIENCE.

Hypothesis / aims of study

Female Pelvic organ prolapse is a common condition with high prevalence which deeply affects the quality of life in women. Colposacropexy is the gold standard for the apical defects, multicompartamental defects and recurrences. The aim of our study is to report our experience and results of this surgical procedure in 40 patients with Pelvic organ prolapse after a mean follow up of 29 months (6-78)

Study design, materials and methods

Retrospective analysis of patients undergone colposacropexy in our Pelvic Floor Unit at Hospital Clínico Universidad de Chile from August 2002 to March 2009. We obtained all the data from our data base from file maker program. All patients were evaluated with POP-Q, Office cystometry and PFDI (QoL test).

Results

40 patients were treated with colposacropexy because of pelvic organ prolapse. The mean surgery time was 167 min (110 – 350), the patient stayed for a mean of 3 days in the hospital. Median age was 57,9 year (25 – 80). 80% of the patients were post menopausal and 78% of them were taken hormone replace therapy, with a mean body mass index of 27,4 (18,9 – 35,1). 5 patients (12,5%) were nulliparus with a median parity of 3. Mean follow up was 29 months (6-78), with a curation rate of the apical compartment of 100%, with a recurrence (POP-Q > II stage) of the anterior compartment of 20% and 15% of the posterior compartment, but only the 10% of this patients were symptomatic. In 45% there were performed an urinary stress incontinence procedure, (14 TVT-O, 2 TVT, 1 IVS and 1 Burch), patients with clinical Urinary Stress Incontinence (USI) or occult USI, all of them Studied with office Cystometry that resulted positive in the cough test previous to the surgery. We found a 32,5% de novo USI, 15% de novo Urge Incontinence and 20% of de novo dispareunia. There were two mayor haemorrhage complications, 1 pre vesical haematoma that was managed with a drainage successfully, and the other one sacrum plexus injury with severe haemorrhage was a life threatening condition that required multiple transfusion, with a total volume lost count of 25 liters. The haemorrhage in this case was controlled with packing and recombinant activated X factor. We had an erosion rate of 10%, from which 66% had a total hysterectomy as part of the procedure. It was performed a QoL test in all patients, 96,4% felt better or much better after surgery, and 82,1% of patients felt completely satisfied with surgery results.

Interpretation of results:

We had a high curation rate of all compartments, with no recurrence in the apical compartment. There is a low Symptomatic recurrence of the posterior and anterior compartment, which is demonstrated in the QOL test. A problem found in our series was the high prevalence of USI after surgery in those patients that were not treated with a USI procedure like a sling. The erosion rate is similar with other reports of this technique, keeping in mind that the total hysterectomy could have been involved in this condition.

Concluding message

Functional and anatomic results of colposacropexy are very good according with the literature and our work, with low rate of symptomatic recurrence and complications. But there is always a potencial risk of haemorrhage which could cause a life threatening condition, like the case in our series. There is a high rate of the novo USI, despite a full patient study before surgery. This issue must be considered in the consent form of the patient, or a profilactic USI procedure can be performed as previous studies suggest.

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Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes