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FUNCTIONAL OUTCOMES OF TWO AUGMENTED HYSTEROPEXY TECHNIQUES

Hypothesis / aims of study

To compare the functional outcomes of bilateral sacrospinous hysteropexy after anterior colporrhaphy with anterior and apical augmentation using an acellular cadaveric dermal graft versus polypropylene mesh.

Study design, materials and methods

40 women with Stage ≥ 2 prolapse who underwent sacrospinous hysteropexy and allograft augmented anterior colporrhaphy (Group I) were compared with 71 women who underwent a bilateral anterior sacrospinous hysteropexy and anterior colporrhaphy with polypropylene mesh augmentation of the anterior compartment (Group II). Comparisons were made at a median of 16.6 and 12.5 months in Group I and II, respectively. The allograft and mesh were secured using single permanent sutures placed 1.5 cm medial to the ischial spines on both the right and left sacrospinous ligament (SSL). Each SSL suture was secured to both the allograft and polypropylene mesh to a fixation point on the ipsilateral vaginal apex located 1cm lateral to the cervix on both sides, simultaneously suspending the vaginal apices in both groups. In group I the allograft was also secured to the arcus tendineus fascia pelvis ATFP bilaterally. In Group II, the polypropylene mesh was approximated over the anterior colporrhaphy site distally and not anchored to the ATFP. Midurethral sling and posterior colporrhaphy procedures were performed if indicated. Women reported dyspareunia on Likert scales and completed the Pelvic Floor Distress Inventory short form (PFDI-20), as well as the Pelvic Organ Prolapse/ Urinary Incontinence Sexual Questionnaire (PISQ-12) before and after surgery. Change in total and individual scores were evaluated using signed rank test. McNemar's test was used to assess dyspareunia Likert scales pre and postoperatively.

Results

Mean age (56.2, 57.8), BMI (27.8, 25.8), and median parity (3, 3) were similar between groups. There were no graft erosions in the allograft group. There were 10 (14%) erosions in women who underwent polypropylene mesh augmentation. Group I had a higher posterior repair rate than group II (95% vs. 78.9%, $p=0.024$). There was no difference in midurethral sling urethrolysis between women who had hysteropexy with allograft augmented anterior colporrhaphy (Group I) versus those with polypropylene mesh repair (Group II). Postoperatively, 7/34 (20.6%) and 11/56 (19.6%) reported dyspareunia ($p=0.913$), at a median follow of 12.3 and 11.7 months in Group I and II, respectively. De novo dyspareunia was reported in 19.2% and 14.3% of women in Group I and II respectively, $p=0.712$. Total PISQ-12 scores significantly improved in both groups postoperatively (4.05 vs. 0.64, $p<.005$ for both), at 14.6 and 12.5 months follow-up, and were not different between the two groups ($p=0.352$). Postoperative PFDI scores significantly improved in group I and II: mean change between Groups I and II, was -35.6 versus -39.9, ($p=0.716$), respectively.

Interpretation of results

Sexual function and pelvic floor distress are similarly improved after hysteropexy with allograft and polypropylene mesh augmented anterior colporrhaphy. Dyspareunia rates do not differ between groups.

Concluding message

Functional outcomes are similar between two hysteropexy groups.

References

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Was informed consent obtained from the patients?	Yes

