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SUBJECTIVE AND OBJECTIVE RESULTS OF ANTERIOR WALL REPAIR - A 5 YEAR FOLLOW UP

Hypothesis / aims of study

Even though surgical repair of anterior vaginal wall prolapse is a very common procedure, only a few long term follow-up studies have been conducted.
The purpose of this study was to evaluate the long term subjective and objective outcome of conventional surgical repair of anterior vaginal wall prolapse.

Study design, materials and methods

This survey was made as a prospective follow-up study.
From January 2003 until February 2005, 108 consecutive women were operated with primary anterior vaginal wall repair using local anaesthesia in an outpatient clinic. The anterior wall repair was performed as duplication of the pubocervical fascia. All women had bulge and or dragging symptoms, and objective findings of anterior vaginal wall prolapse, defined and staged according to the International Continence Society (ICS) quantification system. At follow-up the women were offered clinical examination to evaluate anatomical results. Prolapse was graded using established clinical classification system. Furthermore, the patients were asked to fill in a validated symptom and quality of life questionnaire.

Figure 1: Anatomical results at 5 year follow-up after anterior vaginal wall repair.

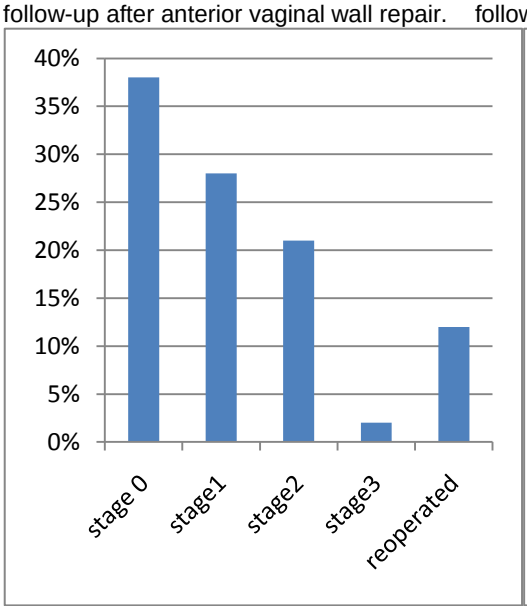
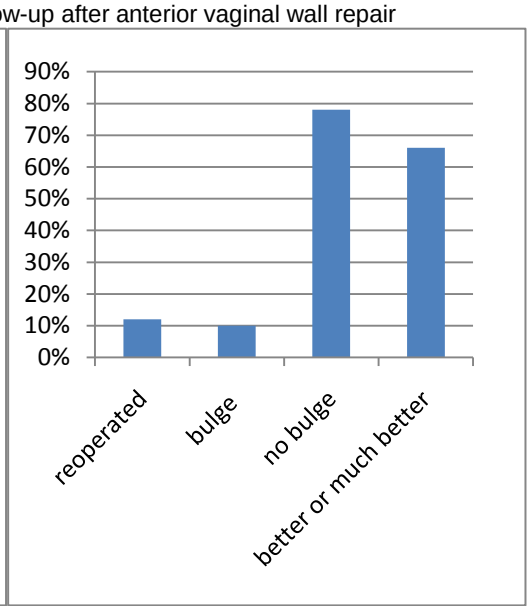


Figure 2: Subjective results at 5 year follow-up after anterior vaginal wall repair



Results

Follow-up time was 5 years. Seventeen women were lost for follow-up. Thus, Ninety-one (84%) participated in the survey. The mean age at the time of surgery was 62 years (range 40-81). The mean body mass index was 25 (range 18-31).

Anatomical results (figure 1):
At baseline, 83% had stage 2 pelvic organ prolapse (POP) and 18% stage 3.
At the time of follow-up, 11 women (12%) had been re-operated for anterior vaginal wall prolapse. Two Women (2%) had stage 3, whereas19 (21%) were stage 2 POP. Twenty-five women (28%) had stage 1 and 34 (37%) stage 0 POP. Fourteen percent of the women had anterior wall prolapse beyond the hymen. During the 5 year follow-up period prolapse surgery in other compartments had been performed in five (5.5%) women. These were all posterior colporrhaphy.

Subjective results (figure 2):
Before surgery 93% of the women reported bulge symptoms. Five years after surgery 10 % of women still had bulge symptoms once a month or more. Seventy eight percent of women had no bulge symptoms at the time follow-up. Sixty six percent of the women in an overall assessment considered themselves better or much better after surgery.

Seven women were offered an operation for vaginal wall prolapse at the time of follow-up examination, four of these women had recurrence of anterior prolapse. Moreover, for three of these, this would be their second re-operation for anterior wall prolapsed. That is, 27% of women re-operated for anterior prolapse needed a third prolapse operation.

Interpretation of results

During a 5-year follow-up period after surgery for anterior vaginal wall prolapse 23 percent of the women had stage 2 or more POP at the time of follow-up. Fourteen percent had anterior wall prolapse beyond the hymen. In contrast, only 10% of the

women reported that they had bulge symptoms once a month or more. Even though 78% of the Women did not have bulge symptoms at the time of follow up, only 66% percent of the women considered themselves better or much better after surgery. This might account for other unsolved problems like persisting or de novo incontinence. Moreover 12% of the women underwent re-operation, and of these 27% needed a third operation for anterior wall prolapse by the end of the 5 year follow-up period.

Concluding message

At 5 year follow-up 78 percent of women was relived from their bulge symptoms by a low risk operation performed in local anaesthesia. However, 12% of Women had been re-operated and 10% still experienced bulge symptoms more than once a month. Moreover, women that had been re-operated had a significant risk of renewed prolapse surgery. This might advocate the use of mesh in secondary prolapse surgery.

Specify source of funding or grant	**None**
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	**The Ethics Comitee for region midtjylland sundhedssekretariatet Skottenborg 26 8800 Viborg Denmark**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**