

ABDOMINAL SACRAL COLPOPEXY: OUTCOME AND COMPLICATION IN THE TREATMENT OF PELVIC ORGAN PROLAPSE

Abdominal sacral colpopexy: Outcome and complication in the treatment of pelvic organ prolapse

OBJECTIVE: To evaluate the outcome and complication of the abdominal sacral colpopexy in the treatment of pelvic organ prolapse.

METHODS: A group of 23 patients with pelvic organ prolapse who underwent abdominal sacral colpopexy between May 2008 and December 2009 was studied. Concomitant abdominal hysterectomy were performed in 15(65.2 %). Pervious hysterectomy was performed in 8 (34.8%). All patients were operated on by one surgeon. Preoperative evaluation consisted of physical examination, age, parity, body mass index, history of previous pelvic surgery and hormonal status. The cure rate and complications were evaluated in follow-up.

RESULTS: The mean age was 66.7 (48-77) years, the median parity was 3.69 (0-9). Twelve (52.2 %) patients were overweight (BMI >25 kg/m²), ten (43.5%) were normal weight (BMI 20-25 kg/m²) and one (4.3 %) was underweight (BMI< 20 kg/m²). The average period of follow-up was 10.4 months (3-22). The patients' preoperative pelvic organ prolapse stage was III or IV and postoperative stage was improved to stage I or II.

Postoperative complications occurred in four cases (17.2%). Mild mesh erosion was two cases (8.6%) and severe complication (pelvic abscess, mesh infection) was two cases (8.6%). Two mild mesh erosion cases were improved with antibiotic and vaginal estrogen suppository treatment. Pelvic abscess was treated with percutaneous drainage and intravenous antibiotics. Mesh infection was not improved with conservative treatment, so required re-operation.

CONCLUSIONS: The study shows that abdominal sacral colpopexy has excellent outcome but mild to severe complication related with mesh in treatment of pelvic organ prolapse.

References

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