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QUALITY OF LIFE AND RECURRENCE RATE AFTER A VAGINAL UTERINE RESUSPENSION TECHNIQUE WITH BILATERAL SACROSPINOUS MESH REPAIR DESPITE OF SUBTOTAL OR TOTAL PROLAPSE

Hypothesis / aims of study

Every year in the United States 200,000 women undergo surgery for vaginal pelvic organ prolapse. In many of these cases, hysterectomy is recommended, particularly when uterine prolapse is part of the problem. This hysterectomy mandate comes as a shock to many women with prolapse, who don't understand why the problem cannot be fixed without hysterectomy. Even though the uterus plays a passive, not active role, in the uterovaginal prolapse (1). So a protruding uterus is the result of genital prolapse and not the primary cause of the symptomatology (2). And hysterectomy has not been proven to improve durability of the repair and may, in fact, increase morbidity, blood loss, operative and recovery times. Also hysterectomy with associated pelvic floor dissection may increase pelvic neuropathy and disrupt natural support structures provoke further incontinence surgery (3).

So the reason for hysterectomy in uterovaginal prolapse is based on habits and not on scientific evidence.

The aim of our study was to show that quality of life and LUTS improve after a mesh supported resuspension of the uterus with a low recurrence rate despite of subtotal or total uterine prolapse.

Study design, materials and methods

From october 2008 to september 2010, women with subtotal or total uterine prolapse (ICS stage III and IV) were enrolled in this prospective study. Preoperative and postoperative evaluation included detailed history, physical examination and stress test. Additional pre- and postoperative evaluation included the german version of the prolapse quality of life questionnaire (P-QOL).

Results

Thirty women were enrolled in this pilot study. Mean age of the patients in years were 71,6 . At the baseline, a subtotal uterine prolapse were documented in 25 pts. (83,3%) and 5 had a total prolapse. A concomitant cystocele occurred in 93 % of the pts. A concomitant rectocele occurred in 83 %. All cases were treated by a polypropylen mesh repair with a 4 point fixation in the anterior compartment an a additional bilateral sacrospinous fixation in the apical compartment to reconstruct the vesicovaginal fascia and the uterosacral ligaments. The rectoceles had an posterior colporrhaphy. The postoperative recurrence rate for uterine prolpase >= stage II after 3 month was 6,67%. There was no total uterine prolapse seen. Recurrences of cystoceles >= stage II we found in 9 (30%) of cases but with less symptomatology. Stage II rectoceles were found in 13% with no stage III recurrence.

The quality of life refering to prolpase impact was significant improve (p=0.001).

Lower urinary tract symptoms were significant improve like urgency (p=0.04), feeling of a bulge (p<0.001), vaginal heaviness (p=0.002)and difficulty for emptying (p=0.008). No differences were found for frequency, SUI and defecation problems.

Interpretation of results

Uterine preservation in subtotal or total prolapse with mesh augmented repair has a low recurrence rate especially in the apical compartment. Typical prolapse symptoms can be reduced by resuspension of the uterus.

Concluding message

In the case of totale uterine prolapse there is no need to remove an innocent bystander.

The preservation of the uterus should be discussed with the patient in the surgical treatment of pelvic floor reconstruction.

References

1. Brown JS. Pelvic organ prolapse surgery in the United States, 1997, Am J Obstet Gynecol 2002;186:712-6
2. Diwan A. Uterine preservation during surgery for uterovaginal prolapse: a review.Int Urogynecol J Pelvic Floor Dysfunct. 2004 Jul-Aug;15(4):286-92
3. Altman D. Hysterectomy and risk of stress-urinary-incontinence surgery: nationwide cohort study, Lancet. 2007 Oct 27;370(9597):1494-9.

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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	**Ethikkommission der Medizinischen Fakultät Heidelberg**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**