

769

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EFFECTIVENESS AND SAFETY OF SACROSPINOUS LIGAMENT FIXATION FOR THE TREATMENT OF VAGINAL VAULT PROLAPSE

Hypothesis / aims of study

Investigate the intra operative and post operative complications of sacrospinous ligament fixation as a treatment for vaginal vault prolapse, and also assess the symptomatic recurrence rate over a two year period in these patients.

Study design, materials and methods

A retrospective study looking at 50 women who had a sacrospinous ligament fixation procedure performed between April 2009 and April 2010. the mean age for these women was 66.6 years. 43 (86%) of these patients have had previous surgery which included vaginal hysterectomy (46%), total abdominal hysterectomy (26%), pelvic floor repair (6%), vaginal repair with mesh (4%), previous sacrospinous ligament fixation (2%) and subtotal abdominal hysterectomy (2%).

11 women (22%) had a sacrospinous ligament fixation procedure without any other vaginal surgery in the remainder of patients the sacrospinous ligament fixation procedure was combined with other vaginal surgery this included: vaginal hysterectomy (20%), rectocele/enterocele repair ((20%), repair (12%), cystocele/rectocele repair (26%).

Results

The hospital notes for all the 50 patients were reviewed, there was no intraoperative complication recorded in the operative notes, the average intraoperative blood loss was 200 mls. the post operative complications were stress incontinence (8%), recurrent urinary tract infections (4%), gluteal pain (4%) and voiding difficulties (2%).

9 patients (14%) had a recurrent vaginal prolapse within 2 years of the sacrospinous ligament fixation this included 4 cystoceles (44.5%), 3 vaginal vault prolapse (33.3%) and 2 rectoceles (22.2%).

Interpretation of results

The results showed that there was no significant intraoperative complication of the sacrospinous ligament fixation procedure and the postoperative complication were few and were managed conservatively except for the stress incontinence in which all 4 women who developed postoperative stress incontinence went on to have a tension free vaginal tape.

the success rate of the sacrospinous ligament fixation procedure in this study was 82 % , in the 9 women who had a recurrent prolapse following this procedure 7 had further surgery which included one of the following procedures: insertion of a pinnacle mesh, repeat sacrospinous ligament fixation, abdominal sacrocolpopexy and cystocele repair.

Concluding message

This study showed that the use of sacrospinous ligament fixation to treat vaginal vault prolapse was both safe and effective. this procedure has a high success rate with a low rate of postoperative complications.

Disclosures

Funding: none **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** retrospective study of surgical procedure. **Helsinki:** Yes **Informed Consent:** Yes