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Title: PROSPECTIVE EVALUATION OF PROLAPSE AND CONTINENCE OUTCOME FOLLOWING LAPAROSCOPIC SACROCOLPOPEXY FOR SYMPTOMATIC VAGINAL VAULT PROLAPSE.

Aims of study:

This study evaluates continence and site specific prolapse outcome at two-years in women undergoing laparoscopic sacral colpopexy for symptomatic vaginal vault prolapse following hysterectomy.

Methods:

16 women undergoing laparoscopic sacral colpopexy between 1996-2000 were assessed. Demographic details recorded included; age, parity, body mass index, menopausal status, oestrogen therapy, and relevant medical or surgical history. Prolapse and incontinence symptoms were evaluated pre-operatively using a urinary, bowel and prolapse symptom proforma. Clinical examination was performed to assess site specific genital prolapse (Baden-Walker classification system) and all women underwent urodynamics.

Laproscopic surgery was carried out using an identical technique to the abdominal approach apart from the abdominal incision. Peri-operative details including the duration of surgery and in-patient stay and significant peri-operative complications including injury to the bladder or bowel were recorded. Post-operative outcome measures were evaluated at 6 weeks and at 6, 12 and 24 months. Subjective outcome measures included symptoms of altered urinary or faecal continence, voiding difficulty, defaecatory dysfunction and dyspareunia. Objective outcome was assessed by vaginal examination and surgical failure was determined as a ≥ grade 2 site specific prolapse using the Baden-Walker classification system. The presence or absence of mesh erosion was also evaluated. In women ≥ 24 months following surgery, satisfaction was assessed using a visual analogue scoring system (0-100%)(success ≥ 80%). Both quality of life and satisfaction with surgery were assessed using a genito-urinary treatment satisfaction score.

Results:

The mean age at the time of surgery was 50 years (R 34-69) and the mean duration of follow-up was 26 months (R 6-60); 11(69%) ≥ 24 months, 2(12%) ≥ 12 months and 3(19%) ≥ 6 months. The mean BMI was 27 (R24-32) and mean parity 2(R1-6). 12(75%) Women were postmenopausal of whom 7 were on HRT. 13(81%) had undergone previous continence or prolapse surgery. At pre-operative urodynamics 7 women had genuine stress incontinence and 3 women had detrusor instability. All women reported a sensation of vaginal prolapse, 8(50%) had dyspareunia, 10(63%) stress urinary incontinence, 4(25%) faecal incontinence and 7(44%) defecatory dysfunction. 12(75%) women underwent a concomitant colposuspension to correct stress incontinence and 10(63%) women required a synchronous posterior vaginal repair for a low rectocele.

The mean duration of surgery was 167 minutes (R 126 – 220) and the mean hospital stay 3.5 days (R3-7). There was no significant peri-operative morbidity or mesh erosion. Significant improvements were observed in urge incontinence (p=0.004), stress incontinence (p=0.0006), obstructed defecation (p=0.01)

and dyspareunia (p=0.02) at six-week follow-up. No significant changes were seen in voiding difficulty (p=1.0) or altered faecal continence symptoms (p=0.1). Two women developed postoperative dyspareunia and required a vaginoplasty.

A significant reduction in site specific prolapse was also observed on vaginal examination at six-week follow-up ($p<0.0001$). 2(12.5%) women however, had a $\geq$ grade 2 rectocele at 6 week follow-up and required further surgery. Only one woman has presented with a recurrent rectocele $\geq$ 12 months but this has remained asymptomatic. There have been 2 cases of recurrent symptomatic vault prolapse one at 12 months and one at 18 months both have undergone a repeat abdominal sacrocolpopexy. The success rate for laparoscopic sacrocolpopexy for vault prolapse at $\geq$ 24 months was 82%.

Conclusions:

Laparoscopic sacral colpopexy is an effective technique for the correction of both vaginal vault prolapse and co-existent prolapse of the anterior and posterior vaginal compartments.