

LAPAROSCOPIC PROLAPSE SURGERY IN THE ELDERLY

Aims of Study

Utero-vaginal prolapse (UVP) in very elderly women (>75 years) is becoming an increasing problem due to increase in life expectancy. Most of these women would initially have conservative treatment, with surgery considered if these methods fail. Traditionally, vaginal support surgery performed includes vaginal hysterectomy, Manchester repair, anterior/posterior colporrhaphy, and sacro-spinous fixation. All these operations carry a significant morbidity, such as secondary haemorrhage, infection, and medical co-morbidity. These risks increase in the very elderly. Therefore, alternative surgery whereby morbidity is reduced should be entertained in this age group. We reviewed a case series of very elderly women who underwent laparoscopic vaginal prolapse surgery.

Methods

A total of 19 very elderly women underwent laparoscopic vaginal prolapse surgery. All patients had a full clinical assessment made pre- and post-operatively. The following was recorded: operative time, intra-operative blood loss, type of catheter used post-operatively, length of hospital stay and return to mobility. Any urinary tract infections, voiding difficulties or other post-operative problems were noted. All patients were followed up in gynaecology clinics.

Results

The age range of patient who underwent laparoscopic surgery was 76 to 91 years. 8 had a laparoscopic sacro-colpopexy only, but 11 had a combination of procedures including laparoscopic sacro-colpopexy, colposuspension, paravaginal repair, sacro-cervicopexy, rectopexy, repair of enterocele and posterior vaginal mesh repair. The operative time ranged from 90-200 minutes (average 120 minutes).

One patient developed a urinary tract infection, 4 had voiding difficulty which resolved spontaneously in 3 cases. One patient did have to carry out clean intermittent self catheterisation for 4 weeks. No other urinary complications were recorded. The intra-operative blood loss was recorded as minimal (< 100ml) in all cases. Mobility was restored within 24-48 hours in all but one patient. The latter was admitted to intensive care following hypercarboxaemia. Patients stayed in hospital for 4 to 10 days (average 6 days).

Patients were reviewed between 6 weeks and 102 months (average 8 months) and assessed for prolapse. All patients are on long-term follow-up.

Conclusions

In very elderly female patients laparoscopic UVP surgery is a good alternative to traditional surgery. Indeed in the long term it may be the better approach for UVP repair in all patients as there is minimal blood loss, reduced infection risk, rapid restoration of patient mobility and less than 30% recurrence of prolapse when compared to the literature.