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SACROPEXY WITH UTERINE CONSERVATION: AN ALTERNATIVE APPROACH FOR WOMEN WITH UTEROVAGINAL PROLAPSE

Hypothesis / aims of study

This study was designed to evaluate the long-term efficacy of abdominal sacrohysteropexy in women with uterovaginal prolapse.

Study design, materials and methods

We conducted a prospective study to determine the outcome of abdominal sacrohysteropexy performed at our urogynecology unit from 1994 to 2003 in 34 women with uterovaginal prolapse who wanted to preserve the uterus. Uro-gynaecological work-up: Clinical assessment on the basis of Half-way system classification, urogenital distress inventory (UDI) and impact incontinence quality of life (IIQ) questionnaires, urological and gynaecological ultrasound, urodynamic test which included uroflowmetry, cystomanometry, the urethral pressure profile, a pressure-flow study, the Valsalva leak point pressure (VLPP). Methods and terms complied with International Continence Society Standards. Informed consent was obtained: the risk and the benefits of uterus preservation and the need for a long term check-ups of the uterus were clearly explained; fertile patients were also acquainted with pregnancy-related risks. We originally placed 1 single posterior mesh on the vaginal wall and uterine cervix (8 cases) but to eliminate recurrent grade 1-2 central cystocele we now use 2 meshes: a Y-shaped anterior mesh and a rectangular posterior mesh. In 29/34 cases Burch colposuspension was performed at the the same time. Check-ups were scheduled for 3, 6 and 12 months after surgery and then yearly.

Results

Preoperative details are illustrated in table I.

Age (yr)*	61 ± 12
Parity**	2 (1-8)
Body Mass index (Kg/m^2)**	24.4 (18.6-31.2)
Menopause (n)	26
Previous prolapse or continence surgery (n)	0
Constipation (n)	14
Incontinence (n) Stress, Urge, Mixed	21 (14 G1- 7G2) 9, 7, 6
Sexually active (n) Sexual disturbances	25 14
Uterine prolapse Grade 1-2 Grade 3	20 14
Cystocele Grade 2 Grade 3	3 31
Voiding dysfunctions	27
Irritative symptoms	21
Length follow-up (months)**	51.3 (12-130)

* mean ± SD ** mean ± SD - range

No intraoperative complications occurred. Early post-operative complications were 2 post-operative Retzius hematoma which resolved spontaneously, 2 patients required catheterism for 5-10 days because voiding recovery was delayed. The mean follow-up was 51.3 months (range 12- 130 months).
Post-operative clinical assessment is reported in table II.

TABLE II	Pre	Post	p
Cervical and/or vault descent	34	0	<0.001
Cystocele Grade 2 Grade 3	3 31	5 (4 original technique) 0	<0.001
Rectocele Grade 1-2 Grade 3	22 12	3 0	<0.001
Voiding dysfunctions	27	1	<0.001
Irritative symptoms	21	6	<0.001
Sexually active (n) Sexual disturbances	25 14	26 0	NS <0.001
Hydronephrosis	4	0	<0.001
Constipation (n)	14	4 + 3 transient	<0.001
Incontinence (n and grade) Stress (n) Urge (n) Mixed (n)	21 (14 G1-7G2) 9 6 6	3 (2 G1-1 G2) 2 0 1	<0.001

Interpretation of results

Hysterocolposacropexy is an effective, safe surgical treatment of uterovaginal prolapse. At a mean follow-up of 51 months no patient had uterovaginal prolapse symptoms, Asymptomatic grade II cystocele was present in 4/8 patients who had been treated with the original 1-mesh technique but in only 1/28 who received the 2 mesh repair. No woman required surgery for prolapse recurrence. Incontinence persisted in 6/21 patients (3 were successfully treated: 2 TVT, 1 adjustable continence therapy). 32/34 (91%) patients are satisfied and would repeat surgery. Results in descensus one year after surgery is maintained long term.

Concluding message

Histerocolposacropexy is an alternative technique for the treatment of uterovaginal prolapse in women who desire to preserve uterus. The procedure has a high success rate in correcting prolapse without a time-dependent decrease in efficiency, in fact results at one year are maintained in the long term of about 5 years.

Refernces

1. Uterine preservation or hysterectomy at sacrospinous colpopexy for uterovaginal prolapse? Int Urogynecol J 2001; **12**:384-5
2. Uterus preservation in surgical correction of urogenital prolapse. Eur Urol 2003; suppl.2, 772