

PATIENTS' PREFERENCE IN TREATMENT OF VAGINAL VAULT PROLAPSE. PESSARY USE VERSUS PROLAPSE SURGERY.

Hypothesis / aims of study

Vaginal vault prolapse can be treated with two completely different strategies; pessary use or prolapse surgery. At present little is known about patients preferences for both options. In this study we assessed patients' preference in the treatment of vaginal vault prolapse.

Study design, materials and methods

We interviewed 75 women with a vaginal vault prolapse. For the interviews, three groups of patients were formed. Group I consisted of new untreated prolapse patients, group II consisted of patients that already underwent surgery and group III of patients that used a pessary. A structured interview was designed, in which women with vaginal vault prolapse received general information about pessary use and prolapse surgery, as well as a fictive scenario with the advantages and potential side effects of both treatments. Women were first asked for their initial preferences for one of the treatments. They were then asked at which percentage chance of specific adverse events they would switch treatment option.

Results

We interviewed 25 women in each group. The mean age of the untreated group was 61, of the surgical group 58 and of the pessary group 71 years. In group I (new prolapse patients) 36% preferred a pessary, 48% prolapse surgery and 16% of patients were undecided. In group II (surgery) 92% would opt for surgery if they could decide again, and in group III (pessary use) 86% would again opt for this treatment. We then evaluated at which risk of occurrence of urinary incontinence after surgery the women would switch preference to a pessary. In group I the median risk at which patients would switch because of urinary incontinence was 21.5%. Below this percentage patients preferred surgery and above a pessary. Also the disadvantages of pessary use (vaginal irritation, placing problems, not always completely effective) were evaluated in this group. At a median risk of 32% of vaginal irritation, 32% of placing problems and 17% of no treatment effect, patients switched their preference from pessary use to surgical treatment. This evaluation also took place in group II and group III. These patients already had received surgical or pessary treatment for their prolapse complaints respectively. In group II the median risk of urinary incontinence at which patients would switch renewed treatment from surgery to pessary use was 62%. Below this risk patients preferred surgery and above they preferred a pessary. At a median risk of 9.5% of vaginal irritation, 8.5% of placing problems and 7% of no optimal treatment, patients switched their preference from pessary use to surgical treatment. Below these median risks they preferred a pessary and above they preferred surgery. In group III the median risk of urinary incontinence at which patients would switch treatment from surgery to pessary use was 5.5%. Below this risk patients preferred surgery and above this risk patients preferred a pessary. At a median risk of 71.5% of vaginal irritation, 60% of placing problems and 78.5% of no optimal treatment, patients switched their preference from pessary use to surgical treatment.

Interpretation of results

The mean age in the pessary group is 10 years older than in the other two groups. New prolapse patients prefer surgical treatment compared to a pessary. In this group the risk of urinary incontinence is in most cases the compelling reason to switch treatment preference from surgery to a pessary. In both treatment groups (group II and III) the potential disadvantages of treatment that they already had experienced are more acceptable than in group I and the disadvantages of the alternative treatment seems to weigh very heavy. Potentially this is because of the positive experience with their prior treatment.

Concluding message

Women with a vaginal vault prolapse most frequently prefer surgery as treatment option especially when they are younger. Urinary incontinence after surgery is the most unacceptable risk which would make patients switch their treatment preference. Women who already underwent treatment are highly satisfied with their choice.

Table 1 Characteristic of included patients

	No treatment (Group I) (N=25)		Surgery (Group II) (N=25)		Pessary (Group III) (N=25)	
Age (years)	61.4	(48-79)	58.0	(35-84)	70.9	(45-84)
Vaginal birth	2.3	(1-5)	2.3	(0-4)	2.9	(2-8)
Physiotherapy	9	(36)	5	(20)	5	(20)
History of pessary	0	(0)	12	(48)	25	(100)
History of surgery	0	(0)	25	(100)	0	(0)
Duration of complaints (months)	11.3	(2-30)	33.4	(4-100)	39.8	(3-120)
Preferable treatment						
Pessary	9	(36)	2	(8)	21	(84)
Prolapse surgery	12	(48)	23	(92)	4	(16)
No preferable treatment	4	(16)	0	(0)	0	(0)

Data are mean (standard deviation) or number (%).

Specify source of funding or grant	No source of funding or grant
Is this a clinical trial?	Yes
Is this study registered in a public clinical trials registry?	No
What were the subjects in the study?	HUMAN

<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	Patients' preferences were asked. No actual treatment took place. No randomisation.
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes