

IMPACT ON QUALITY OF LIFE FOLLOWING TRADITIONAL SURGERIES FOR PELVIC ORGAN PROLAPSE

Hypothesis / aims of study

Pelvic organ Prolapse results from pelvic floor support damage. There are many surgical procedures aiming to correct the disorders. In most cases the choice of operation is based on the surgeon's preference. In some procedures like anterior or posterior Colporrhaphy, there may be variations between surgeons in the actual procedure carried out.

There have been very few robust studies to define both anatomical and functional outcome with some measure of impact on the patient's quality of life.

The Aim of the study is to determine the efficacy of surgical management of Pelvic Organ Prolapse by assessing the impact on Vaginal Symptoms; Sexual matters; and on overall quality of life and make recommendations on practice.

Study design, materials and methods

Self-completion ICIQ Vaginal Symptoms Questionnaires (ICIQ-VS.) were sent to patients who had Surgery for Pelvic Organ Prolapse during the period between 1998- 2000. Inquires were made on Vaginal symptoms; Sexual symptoms and Overall quality of life

Answers were scored and analysed based on the ICIQ Vaginal Symptoms Questionnaire (ICIQ-VS.) developed and validated under a programme by the international consultation on incontinence (ICI).

For vaginal symptoms, the minimum Score is 0 (0%) and the maximum score: 53 (100%). A ninth question assessed the degree of vaginal tightness to detect a potential post treatment complication. Score 0%-100%

For Sexual Matters the minimum score is 0 (0%) and the maximum is Score 58 (100%)

Quality of life was scored as overall Interference with every day life with minimum score of 0 (0%) and maximum of 10 (100%)

The scores were then compared to the community based score. (Development and psychometric evaluation of the ICIQ Vaginal Symptoms Questionnaire)

Results

403 questionnaires were sent, 308 were received well completed. Mean age was 68 years (Range 39-100). There was no age relationship to any of the score category. The mean vaginal symptom score was 11 (range 0-46); worse than for the community 3 (range 0-16) $p < 0.0001$. Sexual matter had a mean score of 21 (range 0-57) against community score of 2.5 (range 0-31); $p < 0.0001$. The mean score for quality of life was 26% (range 0-100%) with 51% scoring more than 10%.

Interpretation of results

From the foregoing, the efficacy of traditional surgery for pelvic organ prolapse as currently offered in our hospital is sub optimal. This is not unexpected at the traditional surgeries especially anterior and posterior repairs as performed by most surgeons do not address correctly the pathology that is bio-mechanically responsible for the Prolapse.

Concluding message

There is need for a change in attitude and practice regarding the continued performance of the traditional anterior and posterior repairs. Based on biomechanical principles, the morbid anatomy of pelvic organ prolapse, the site specific defect based repairs with or without graft bridges/bolsters is recommended. The ICIQ Vaginal Symptoms Questionnaire should be completed by every patient before any pelvic organ prolapse repair operation and then re-administered at a later period to determine efficacy.

<i>Specify source of funding or grant</i>	NON
<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	NONE