729

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UTERINE PRESERVATION IN TREATING PELVIC ORGAN PROLAPSE: THE MODIFIED MANCHESTER-FOTHERGILL PROCEDURE.

Hypothesis / aims of study

The object of the study was to evaluate the outcome of the modified Manchester-Fothergill pelvic organ prolapse operation. The anatomical results along with the urogenital symptoms and quality of life were assessed.

Study design, materials and methods

The modified Manchester-Fothergill technique consists of an anterior colporrhaphy, shortening of the cardinal and sacrouterine ligaments and in some cases amputation of the cervix and/or a posterior colpoperineorrhaphy. During the period of January 2004 until November 2008, 179 women (age 31-83 years, median 61 years) were operated in a large teaching hospital on a pelvic organ prolapse using the modified Manchester-Fothergill procedure. Medical records and surgical reports were used to collect information on all the patients and the operations retrospectively. The preoperative prolapse was described in the patients' files using the Baden and Walker system. In November 2008 all patients were sent a standardized, validated questionnaire on urogenital symptoms and quality of life after the operation to fill in at home and were invited to return to the outpatient clinic for a gynaecological and Pelvic Organ Prolapse Quantification (POP-Q) examination. The simplified version of the POP-Q was used, as it resembles the Baden and Walker halfway system. There were 4 parts to the main questionnaire: the Urogenital Distress Inventory (UDI), the Defecatory Distress Inventory (DDI), the Incontinence Impact Questionnaire (IIQ) and a sexual dysfunction questionnaire. A second short questionnaire was answered at examination. The women were asked how (dis)satisfied they were with the results of the operation, whether or not they would recommend the operation to a friend and what the full recovery time was after surgery. The operations were performed by one of the two consultants from the hospital with a special interest in urogynaecology or by registrars under their supervision. The examinations at the clinic were carried out by either one of the two surgeons or by one specific registrar trained in the POP-Q exam. All patients received pelvic floor muscle training by a specialised physiotherapist before and after surgery. Postmenopausal women were also given oestriol during the perioperative period.

Results

Of the 179 women requested to participate in the study, 115 (64.2%) returned the questionnaire and 123 (68.7%) were examined at the clinic. The mean follow-up time was 21 months.

There were no complications during surgery. Most of the complications in the postoperative period were related to bladder dysfunction, such as cystitis or bladder retention (see table 1).

Complications	n (%)
Postoperative bleeding / haematoma	2 (1.1)
Deep venous thrombosis	1 (0.6)
Cystitis	20 (11.2)
Bladder retention	9 (5.0)
Cervix dilatation required	1 (0.6)
Neurologic symptoms*	2 (1.1)

Table 1: Postoperative complications. *Transient Neurologic Symptoms and numbness in leg.

The results of the preoperative and postoperative POP-Q examination are shown in table 2. Thirty-one women (17.3%) received treatment (TOT, TVT or fascia sling) for stress urinary incontinence symptoms, confirmed by urodynamic studies, at the same time as the Manchester-Fothergill procedure was performed.

Table 2: Pre- and postoperative POP-Q results (n (%))

Prolapse /Grade	Preop. Anterior wall	Postop. Anterior wall	Preop. Apical segment	Postop. Apical segment	Preop. Posterior wall	Postop. Posterior wall
0	4 (2.2)	59 (48.4)	3 (1.7)	102 (82.9)	74 (42.0)	77 (63.6)
1	25 (14.0)	39 (32.0)	40 (22.7)	18 (14.6)	67 (38.1)	31 (25.6)
2	71 (39.9)	24 (19.7)	108 (61.4)	1 (0.8)	28 (15.9)	11 (9.1)
3	75 (42.1)	-	23 (13.1)	2 (1.6)	7 (4.0)	2 (1.7)
4	3 (1.7)	-	2 (1.1)	-	-	-

On studying the patient records, 1 patient (0.6%) had had had further surgery, because of a recurrent anterior vaginal wall prolapse and took part in the prolift study. An anterior colporrhaphy was planned for another patient with a recurrent anterior vaginal wall prolapse. Five patients (2.8%) needed additional treatment after the Manchester-Fothergill operation, due to stress urinary incontinence, 4 of these women had had (non-disturbing) signs before surgery and 1 had new symptoms.

At the follow-up, there were 24 women (19.5%) with a grade 2 anterior vaginal wall prolapse. Five of them reported to have symptoms, but these did not bother them too much. All these patients had had an anterior colporrhaphy at surgery and 18 a cervix amputation. Of the three women with a prolapse of the apical segment of the vagina grade 2 or more, 2 are on the waiting list for a laparoscopic abdominal sacropexy procedure, the third did not have any symptoms and therefore did not require any additional surgery. None of these 3 women had had a cervix amputation. Of the 13 patients (10.8%) with a grade 2 or more posterior vaginal wall prolapse, 5 had symptoms, but were only slightly bothered. Seven of these patients had had a posterior colporrhaphy at the time of surgery.

The prolapse and the incontinence complaints did not affect the daily lives too much of the women who suffered from them.

Eighty-four women (82.4%) of the 102 who answered the second questionnaire were (very) satisfied with the results of the operation. The other 18 (17.6%) were moderately satisfied or dissatisfied. Five of these patients complained of a recurrent anterior vaginal wall prolapse or posterior vaginal wall prolapse which was confirmed on examination. The remainder of the patients found

the operation dissatisfactory, due to stress urinary incontinence (mainly persistent symptoms), faecal incontinence and a change during sexual intercourse (n=1). None of the women were too dissatisfied with the outcome.
Ninety-two women (91.1%) would recommend the procedure to a friend and 97 patients (96.0%) stated to have recovered within 3 months after surgery, more than half of them recovered within 4 weeks.

Interpretation of results
The aim of the study was to evaluate the anatomical results of the modified Manchester-Fothergill procedure, obtain an indication of the quality of life after the surgery and determine how (dis)content patients are with the outcome of the operation.
Very few patients had a recurrence of prolapse of the apical segment of the vagina and most patients were satisfied with the operation and would recommend it to others. The number of women with a recurrence of an anterior vaginal wall prolapse or posterior vaginal wall prolapse was greater than the number of prolapses of the apical segment of the vagina.

Concluding message
The modified Manchester-Fothergill operation is a safe procedure for treating pelvic organ prolapses with a low number of recurrent prolapses and a high level of patient satisfaction after surgery.

Specify source of funding or grant	**There was no external funding.**
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**
Was this study approved by an ethics committee?	**No**
This study did not require eithics committee approval because	**it was a follow-up study assessing the outcome of surgical treatment.**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**