

SIX YEAR REVIEW OF SACROSPINOUS VAULT SUSPENSIONS IN DISTRICT HOSPITAL

Hypothesis / aims of study

Objective: To review the outcome of all sacrospinous vault suspensions (SSVS) done in the unit since 2002.

Study design, materials and methods

Retrospective case notes review of all SSVS done from August 2002- July 2008.

Method: patients were identified from theatre database (surgi-server). This was used to retrieve the notes and individually reviewed. A previously designed proforma was used to collect the data and then transferred unto excel spreadsheet. Excel was then used to analyse the data.

Results

One hundred and eleven patients were identified from the theatre database as having had SSVS. Four sets of notes could not be found in the hospital notes archives. Of the remaining 107, 11 did not have SSVS although they had been listed for it. One patient's proforma was found not to be complete and so was not included in the analysis. Total number included in analysis was 95 (95% of cases/notes retrieved and reviewed).

The age range was 47-89yrs with an average of 65.9yrs. Objective pelvic assessment was by the Baden-Walker grading system for vaginal prolapse. Eighty-five had had previous pelvic surgery of which more than 40% was for hysterectomy. Intra operative complications included bladder injury 3 (3.13%) and rectal injury 2 (2.10%). No significant vaginal bleeding or blood transfusion was documented. The average hospital stay was 4.3 days although this has reduced to ~3 days since the introduction of admission of patients on the same day of surgery. Re-operation (including anterior and posterior repairs) rate was 8.42%.

Interpretation of results

1. The use of the Baden-Walker method of assessment for pelvic prolapse in the six year period raises the question about the user-friendliness of the POP-Q system in everyday practice.

2. Gynaecologists need to carefully reflect and discuss indications for hysterectomy in women since it's directly associated with the occurrence of vault prolapses.

3. The decreased hospital stay and bed occupancy meant money saving for the hospital trust. It also allowed admissions for other cases and less cancellations on theatre lists and thereby generating more funds for the unit and hospital trust.

Concluding message

In skilled hands, unilateral SSVS under direct vision is effective with few complications. Careful case selection is needed as most patients would have had some form of previous pelvic surgery.

<i>Specify source of funding or grant</i>	no funding needed
<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	it was an audit of practice, a requirement of NHS institutions
<i>Was the Declaration of Helsinki followed?</i>	No
<i>This study did not follow the Declaration of Helsinki in the sense that</i>	it was a retrospective review of case notes
<i>Was informed consent obtained from the patients?</i>	No