

CLINIC STUDY OF COPOCLEISIS FOR ADVANCED PELVIC ORGAN PROLAPSE IN SELECTED PATIENTS

CLINIC STUDY OF COPOCLEISIS FOR ADVANCED PELVIC ORGAN PROLAPSE IN SELECTED PATIENTS

Objective:

To study the objective and subjective results of total and partial (LeFort) colpocleisis performed for advanced pelvic organ prolapse in selected elderly patients.

Background:

The population has been aging rapidly in most countries of the world. Moreover, there are more older women than older men. In 2000, women are estimated to account for 58% of the population age 65 and older and 70% of the population age 85 and older. It is estimated that 50% of women who are alive today at the age of 50 will live into their 90s in America. In this large group of older women more patients with vaginal or uterine prolapse will need surgery. It is of utmost importance to help this group of women even though many of these elderly patients because of concomitant diseases are not suited for more extensive surgery. Compared to reconstructive pelvic surgery colpocleisis or Le Fort colpocleisis can be very well tolerable, so it is likely that colpocleisis will become a more commonly offered and performed procedures along with the anticipated increase in elderly women in China as well. This kind of obliterative operations should be reevaluated with more study to their effectiveness for treatment of advanced POP and their associated complications and elderly women's satisfaction for the obliteration of their vagina as well.

Methods:

Sixty-three patients with median age 74.6 years (59~87 years) with advanced POP underwent total and partial colpocleisis between October 2005 and February 2010. Of 63 patients, 58 (92.1%) had more than one kind of concomitant disease. There were 53 cases of uterus prolapse, 1 case of cervix prolapse and 9 cases of vaginal vault prolapse. Seven had previously undergone operations for prolapse. Twenty-three (36.5%) had voiding difficulties. Eleven (17.5%) had obstructive bowel symptom. Three (4.8%) had fecal incontinence, and an additional 28 (44.4%) either had urinary incontinence or history of that. Of 63 patients, 48 (76.2%) underwent total colpocleisis, and 15 (23.8%) partial colpocleisis. Concomitantly, 58 (92.1%) and 20 (31.7%) patients underwent levator myorrhaphy plus perineorrhaphy and anti-urinary incontinence procedure (TVT-O), respectively. Average follow-up was 22.5 (1-51) months.

Results:

Mean operating time of was 105 ±48 minutes, total and partial procedures were 127.9±58 min and 81.7±26.5min, respectively. Mean estimated blood loss was 187±127.7(50~600ml)ml, total and partial procedures were 232±158.7ml and 101±53.6ml, respectively. No intraoperative adverse damage or death occurred. Postoperative morbidity was 4.8%. At follow-up time (mean 22.5, 1~51 months), all patients had POP-Q stage ≤I. Follow-up physical examination showed that the mean preoperative TVL, GH measurements from 7.7cm, 5.5cm decreased to 2.4cm and 2.6cm, respectively; and PB measurements increased from 2.6cm to 3.4cm. Twenty-three patients with voiding difficulty with mean postvoid residual volumes 110ml (50-235ml) decreased to 11.7ml after surgery. Obstructive bowel symptom was improved in 6 (54.5%) patients, and fecal incontinence improved in 2 (66.7%). Twenty-two and half months after operation the objective cure rate of colpocleisis for advanced POP is 100% in selected elderly patients. Of 63 patients, 52 (82.5%) completed 1 year follow-up. Forty-nine (94.2%) patients said either 'very satisfied' or 'satisfied' with the outcome of their surgery, while 3 (5.8%) reported not satisfied. Two of 3 women reported not satisfied were because of either pelvic pain resulting from a 4cm haematoma above the top of the vagina or new onset not serious urinary incontinence. One woman who reported very unsatisfied was because of regret for closing her vagina.

Conclusions:

The objective and subjective cure rates of total and partial (LeFort) colpocleisis for treatment of advanced POP were very high with lower morbidity. Colpocleisis was a safe and effective method in selected elderly patients with advanced POP who no longer desire to maintain vaginal coital function. It is also associated with improvement in urinary voiding difficulty and bowel obstructive symptom, hence with high patient satisfaction. The obliterative surgeries still play the important role and can not be replaced in the clinic.

References

1. Fitzgerald MP, Richter HE, Bradley CS, et al. Pelvic support, pelvic symptoms, and patient satisfaction after colpocleisis. *Int Urogynecol J*, 2008, 19:1603-1609.
2. Menard JP, Mulfinger C, Estrade JP, et al. Pelvic organ prolapse surgery in women aged more than 70 years: a literature review. *Gynecol Obstet Fertil*. 2008, 36:67-73
3. Fitzgerald M.P., Richer H.E., Siddique S, et al. Colpocleisis: a review. *Int Urogynecol J*, 2006, 17:261-271.

Specify source of funding or grant	Fund of Capital Medical Development and Research
Is this a clinical trial?	Yes
Is this study registered in a public clinical trials registry?	No
Is this a Randomised Controlled Trial (RCT)?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	Yes

<i>Specify Name of Ethics Committee</i>	Ethics Committee of First Affiliated Hospital to General Hospital of PLA, Chinese PLA Postgraduate Medical School,
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes