

1112

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COMPARISON BETWEEN LAPAROSCOPIC SACRAL COLPOPEXY(LSC) AND POSTERIOR INTRAVAGINAL SLING (PIVS) FOR THE TREATMENT OF UTERINE PROLAPSE

Hypothesis / aims of study

Uterine prolapse is a common problem in women with a lifetime risk of surgical repair of 11.1%. Although these are not life-threatening conditions, they do cause serious discomfort and negatively affect women's quality of life. Options in the surgical treatment of uterine prolapse encompass the abdominal and vaginal approaches. Currently there is no definitive gold standard procedure to favor a particular route in the treatment of uterine prolapse. The aim of our retrospective study was to compare operative and postoperative outcomes of LSC and PIVS for uterine prolapse.

Study design, materials and methods

This study was a retrospective analysis. From December 2005 to September 2009, these procedures were performed at the Department of Obstetrics and Gynecology of Soonchunhyang University, Bucheon, South Korea.

Results

A total of sixteen LSC were analyzed, and compared with 21 PIVS cases. The groups did not differ significantly in parity, body mass index, stage, but in age and mean follow-up time($p=0.021$). Mean length of stay was significantly shorter for LSC patients(6.6 versus 8.9 days, $p< 0.01$). The mean(SD) operative time was significantly shorter for PIVS than LSC, 183.1(45.7) minutes and 240.6(90.3) minutes respectively($p=0.002$). However, failure at the apex, defined as stage $>$ or $=$ II for point C, was seen in 14.3% of patients in the PIVS group as compared with 0% in the LSC group. These three patients(14.3%) in PIVS group were retreated with pessary. There were no operative complications between groups.

Interpretation of results

Data were analyzed using Student's t-test and the Fisher exact test.

Concluding message

As compared to PIVS, laparoscopic sacral colpopexy led to shorter hospitalization and better long term results.

References

1. Klauschie JL, Suozzi BA, O'Brien MM, McBride AW. A comparison of laparoscopic and abdominal sacral colpopexy:objective outcome and perioperative differences. Int Urogynecol J Pelvic Floor Dysfunct. 2009 Mar;20(3):273-9.

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Was informed consent obtained from the patients?	Yes