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PROLAPSE SURGERY 1998 - 2003 – WHERE ARE THEY NOW?

Hypothesis / aims of study

The objective of this study was to assess the rate and nature of recurrent pelvic organ prolapse (POP) following traditional vaginal hysterectomy with or without anterior and posterior colporrhaphy as the primary surgical procedure.

Study design, materials and methods

This is a retrospective cohort study of 114 consecutive patients who underwent the procedure from 1998 to 2003 in a Northern Ireland Teaching Hospital. In addition to the review of case notes, a questionnaire including selected questions from ICIQ-VS was used to identify the patients who did not present to the hospital with recurrent POP. All patients except those who underwent repeat procedure for POP were invited for gynaecological examination where a single examiner performed POP-Q assessment at maximal strain. PO-Q =/>2 was considered as an anatomical recurrence. Data were analysed using IBM SPS statistics version 19.

Results

Our sample consisted of predominantly Caucasian, parous (Mean3.16, SD1.76) and middle aged women (Mean53.93, SD12.03).18 out of 114 women were symptomatic with recurrent POP or had a repeat procedure for recurrent POP representing a subjective recurrence rate of 16% (95% CI 10%-24%) for the mean follow up period of 9.18 (+/-1.85) years. 7 out of 18 symptomatic patients had repeat procedures while 4 were using ring pessaries and 7 had no treatment. Reoperation rate for our cohort was 6.14% (7/114).

36% (9/25) of subjective recurrences were in a new site while the majority of same site recurrences (56%14/25) occurred in the apex and the anterior compartment. Apical recurrences were the earliest to appear (3.5yrs) followed by recurrences in the anterior compartment (4.3yrs) and the posterior compartment (5.12yrs).

	Same Site N(%)	New Site N(%)	Time interval between index operation and the recurrent POP in years Mean(SD)
Apex	6 (24%)	0	3.5(0.55)
Anterior compartment	8 (32%)	4 (16%)	Same site 4.46(2.2) New site 4.23(2.3)
Posterior compartment	2 (8%)	5(20%)	Same site 5(1.4) New site 5.25(1.25)

Nature of subjective recurrence according to the site and time to appear

58 patients including 9 who were symptomatic with POP recurrence attended POP-Q assessment. All 9 symptomatic patients and 10 more asymptomatic patients were found to have POP-Q =/>2 in one or more compartments. This represents an anatomical recurrence rate of 32.76% (95% CI 22.08%-45.58%). 43.49% of anatomical recurrences occurred in a new site and only 9 patients out of 19 patients who had anatomical recurrences were symptomatic.

	Same Site N(%)	New Site N(%)
Apex	1(4.34)	0
Anterior compartment	11(47.83)	6(26.09)
Posterior compartment	1(4.34)	4(17.4)

Nature of subjective recurrence according to the site

Interpretation of results

Our study provides information relevant to the Northern Irish population from a hospital undertaking surgery for uterovaginal prolapse from 1998 - 2003. The subjective recurrence rate (16%) as well as the reoperation rate (6.14%) was lower compared to the studies in literature while 11 out of 18 of patients who had recurrent POP chose conservative management or no treatment for recurrent POP.

Although all patients (114) in our study group did not attend for POP-Q assessment, there was no significant difference in patient characteristics between those that did or those who did not attend. Therefore the anatomical recurrence rate (32.76%) for 58 patients who attended for POP-Q assessment may be considered as applicable for the whole group.

Recurrence of POP may be due to persistent support defects, which were not recognised, or new defects in a different compartment predisposed to recurrence due to redistribution of forces following primary operation[(1)] This concept was well demonstrated in our study group in which almost one third of subjective recurrences (36% in 114 group) as well as objective recurrences (43.47% in 58 group) were in a new site.

Symptoms due to POP are not always related to the severity of the prolapse and the rate of symptomatic prolapse among those found to have anatomical recurrence has been reported to be as low as 7.4% when the anatomical recurrence rate was 31.3%.[(2)] Miedel A et al[(3)] confirmed the same concept and reported anatomical recurrence of 41.1% when less than a half of

them were symptomatic. Findings of the second phase of our study were similar – only 9 out of the 19 patients found to have anatomical (objective) recurrences were symptomatic.

Concluding message

Although the recurrence rate is 33%, approximately one third were in a different compartment and approximately one half of the anatomical recurrences were asymptomatic. Interestingly, 7/9 (77.78%) symptomatic patients did not choose to have any treatment.

Thus in this population not all prolapse recurrence following primary surgery for Uterovaginal prolapse was symptomatic nor due to failure of the primary surgery. This has implications for counselling and surgical practice. Patients require realistic outcomes that include the likelihood of prolapse symptoms after surgery rather than anatomical recurrence alone. Additionally, aggressive primary operations for primary prolapse may be an unnecessary trend in practise today considering that approximately one half of recurrences were asymptomatic.

References

1. 1. Olsen AL, Smith VJ, Bergstrom JO, et al. Epidemiology of surgically managed pelvic organ prolapse and urinary incontinence. Obstet Gynecol 1997;89:4: 501-506
2. 2. Diez-Itza Risk factors for the recurrence of pelvic organ prolapse after vaginal surgery: a review at 5 years after surgery. Int Urogynecol J Pelvic Floor Dysfunct 2007; 18(11): 1317-24
3. 3. Miedel A, Tegerstedt G, Morlin B, Hammarstorm M. 5 years prospective follow up study of vaginal surgery for pelvic organ prolapsed. In Urogynecol J Pelvic Floor Disfunct 2008;19(12):1593-601

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Is this a clinical trial?	**No**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**No**
This study did not require ethics committee approval because	**It falls in to the catogory of practice evaluation without nay intervention**
Was the Declaration of Helsinki followed?	**No**
This study did not follow the Declaration of Helsinki in the sense that	**As the study did not involve treatment or intervention**
Was informed consent obtained from the patients?	**Yes**