

LONG-TERM FOLLOW-UP OF WOMEN WHO UNDERWENT SURGERY TO CORRECT VAGINAL VAULT PROLAPSE

Hypothesis / aims of study

There is a paucity of evidence concerning the long-term efficacy of traditional surgeries (sacrospinous vaginal vault suspension and abdominal sacral colpopexy) for vaginal vault prolapse. Mesh surgical kits are advocated because it is believed that they will assure longer-term cures. In this study we examine a cohort of women who underwent surgery without the use of mesh kits to determine their objective outcomes and satisfaction with surgery.

Study design, materials and methods

A retrospective chart review identified women who had undergone surgery for uterovaginal prolapse. Women who underwent concomitant hysterectomy or previous vault prolapse surgery were eliminated. The remaining women who had undergone surgery for the first time were approached for formal follow-up that included pelvic examination and questionnaires (Pelvic Floor Impact Questionnaire-short form 7 and Pelvic Floor Distress Inventory – short form 20).

Results

116 women were identified. 26 were excluded. Sixty-four out of 90 (71.1%) were successfully contacted and 45 of these women (70.3%) came in for formal evaluation. The other 19 (29.7%) provided subjective outcomes verbally. Patients mean age was 63.0 years (range 39-77 years) with a mean parity of 4 (range 1-18). Forty-one patients (64.1%) had a bilateral and 8 patients (12.5%) a unilateral sacrospinous vault fixation, 8 patients (12.5%) had an abdominal sacrocolpopexy and 7 patients (10.9%) had other procedures. Mean follow-up was 7.0 years (range 3.1- 10.6 years). The objective cure rate defined by a POP-Q score of ≤ 2 was 38/43 (88.4%). Of the 43 patients who had a postoperative POP-Q examination done, 11 patients had POP-Q stage 0 (25.6%), 13 (30.2%) stage I, 14 (32.6%) stage II, 5 (11.6%) stage III and none had stage IV. All but one of these patients had point C at ≤ -2 . Of the 19 patients with subjective reports only, 15 (78.9%) were satisfied. Two patients from the total group had a second surgery, an abdominal sacrocolpopexy 10 months after their bilateral sacrospinous vault fixation. The mean postoperative PFIQ-7 summary score was 48.8 (range 0-200), the mean PFDI-20 summary score was 91.1 (0-195.8). Overall cure was 53/62 (85.5%).

Interpretation of results

This study group was intentionally selected to represent women who had had a previous hysterectomy and no prior vaginal vault prolapse surgery to provide the best reflection of long term results of traditional pelvic prolapse procedures done for vaginal vault prolapse without the use of mesh kits. While the procedures performed are somewhat heterogeneous we believe they can be treated as a group when the question asked is the success of prolapse surgery done without mesh kits. Using a composite outcome of objective cure and subjective satisfaction or subjective satisfaction alone the results indicate that these traditional procedures are very successful and satisfactory to the patient.

Concluding message

Traditional surgical procedures performed for vaginal vault prolapse, without the use of mesh kits, produce high rates of both subjective and objective cure in longer term follow-up.

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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?	Yes
Specify Name of Ethics Committee	IWK Health Center Research Ethics Committee
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes