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SURGICAL MANAGEMENT OF SYMPTOMATIC PELVIC ORGAN PROLAPSE IN WOMEN OVER 80 YEARS OLD. RETROSPECTIVE CASE SERIES.

Hypothesis / aims of study
Female population gets older and the number of women over 80 years old with symptomatic pelvic organ prolapse constantly increases. Traditionally, physicians, patients, and relatives, are reluctant to agree for a prolapse operation. The fear of major complications that could compromise the fragile elderly patients is predominant. Nevertheless, conservative treatments carry limitations that restrict their use for no longer than 12 to 18 months (1). Large series were safety and effectiveness of prolapse surgery in this special subgroup are apparently lacking from the world literature. The aim of this study is to demonstrate that women older than 80 years old can enjoy surgical treatment with good results. Secondary aims were to report any perioperative complications, to measure the rate of prolapse recurrence, and to measure the patient satisfaction rate.

Study design, materials and methods
Retrospective case series. All women over 80 years old who have undergone prolapse surgery in as single institution from 2006 to 2010 were included in the study. Outpatient files, inpatients notes, operating theatre notes, urodynamics session reports, were reviewed. Preoperative prolapse was evaluated with POP-Q, and urodynamics were reserved for women with previous anti-incontinence or prolapse surgery. All women had initial conservative management with pessaries that either was unsuccessful in the retention of the protruding vaginal parts, or got complicated with vaginal erosions or inflammation. Data collection and statistical process was made with Microsoft EXCEL and MedCalc.

Results
Sixteen women (mean age 81.4-years-old, St.Dev. 1.75 years) were included in the study. Preoperative cystocele (>Gr2) was present in 13 patients (81.2%), uterine prolapse (>Gr2) in 13 (81.2%), rectocele (>Gr2) in 6 (37.5%), stress urinary incontinence in 3 (18,7%), and urge urinary incontinence in 6 (37.5%) patients. Vaginal hysterectomy was performed in 11 (68.5%), LeFort colpocleisis in 4 (25%), concomitant anti-incontinence procedure in 5 (31.2%), and in 1 patient (6.2%) a mesh was used for reinforcement of the vaginal skin. Spinal anaesthesia was used in 14 women, and general anaethesia in 2 women. Mean operating time was 100'. There was no case of blood transfusion, there were no perioperative complications, the mean length of hospitalization was 4.73 days (St.Dev. 2.24 days), and the mean length of catheterization was 3.43 days (St.Dev. 1.20 days). There was no case of postoperative urinary retention. Mean follow up was 22.5 months. During first follow up, all patients were satisfied with the intervention and the operative result, there was no case of prolapse recurrence and no case of urinary incontinence. In 12 months follow up, a woman had cystocele recurrence and de novo stress urinary incontinence. At 12 months follow up, 15 (93.7%) women were satisfied with the results.

Interpretation of results
Prolapse affects the very elderly women as well. Initial conservative management is justified, whereas reluctance to proceed to surgical treatment is apparently not supported by the results of our study. Careful preoperative evaluation and surgery were all parts of prolapse are addressed and repaired minimizes operation failures and increases patient satisfaction rates. Similar promising results appear in the relevant published literature (2,3)

Concluding message
Surgical management of pelvic organ prolapse in women over 80 years old is an effective strategy and is not complicated with deterioration of the general status of the patient during surgery or hospitalization, whereas the postoperative results are very good and patient satisfaction rates are high.

References
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Is this a Randomised Controlled Trial (RCT)?	**No**
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Was this study approved by an ethics committee?	**Yes**
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Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**No**