

APICAL CORRECTION ALONE DOES NOT PREDICT BOWEL FUNCTION IMPROVEMENT

Posterior compartment restoration showed the strongest association with improvement in constipation.

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Background

Pelvic organ prolapse surgery restores pelvic anatomy, but its impact on bowel function remains unclear. According to the integral theory, restoration of apical ligamentous support may improve bowel symptoms.

Aim

Does anatomical correction after sacrospinous fixation correlate with improvement in bowel function?

METHODS

Retrospective study | n = 14 | 3-month follow-up

Patients undergoing sacrospinous fixation

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Anatomy: POP-Q (Aa, Ba, Ap, Bp, C)

Bowel function: LARS and Cleveland Clinic Constipation Score (CCS)

Analysis: Changes (Δ) in POP-Q parameters were correlated with changes in LARS and CCS using Pearson correlation.

Sacrospinous fixation $\rightarrow$ POP-Q correction $\rightarrow \Delta$ LARS / Δ CCS

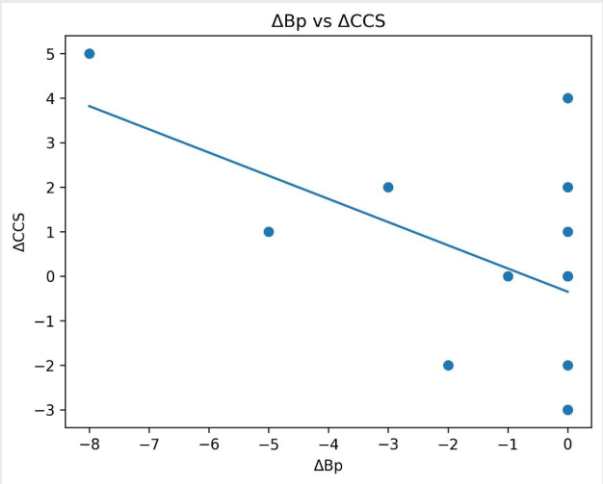


Figure 1. Relationship between posterior compartment change (Δ Bp) and change in constipation score (Δ CCS), demonstrating a moderate negative association.

RESULTS - Bowel symptoms after surgery

LARS

16.6 $\rightarrow$ 13.9
 $p = 0.35$

CCS

No significant change
 $p = 0.51$

Preoperative dysfunction strongly predicted postoperative symptoms:

LARS: $r = 0.74$

CCS: $r = 0.90$

Posterior compartment restoration was associated with constipation improvement

Δ Bp vs Δ CCS

$r = -0.53$

Anatomical correction	Δ LARS	Δ CCS
Apical (ΔC)	$r = 0.20$	$r = 0.18$
Anterior (Δ Ba)	—	$r = -0.06$
Posterior (Δ Ap)	$r = 0.56$	$r = -0.26$
Posterior (ΔBp)	$r = 0.47$	$r = -0.53$

Apical correction $\neq$ bowel function improvement

Urgency-related symptoms may reflect global pelvic floor changes

Constipation showed the strongest relationship with posterior compartment restoration

TAKE-HOME MESSAGE

Bowel function after sacrospinous fixation appears to be multifactorial rather than determined by apical correction alone.