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TREATMENT FOR PELVIC ORGAN PROLAPSE: REPAIR, MESH OR NOTHING? A QUANTITATIVE QUESTIONNAIRE BASED STUDY

Hypothesis / aims of study

Various conservative and surgical treatments have been described and increasing variety of treatments are now available to treat pelvic organ prolapse (pop) after the introduction of synthetic and biological meshes. There is no consensus on the most effective operation. Little is however known about women acceptability of these treatments in terms of success rates and complications. Insight into how female trainees in obstetrics and gynaecology perceive the acceptability of these treatments and their associated complications would be an important addition to the existing knowledge.

Aim

- To assess how acceptable the various treatments for POP are to female O&G trainees and consultants
- To explore their perception of treatment themselves
- To determine what matters most when choices about treatment

Study design, materials and methods

Quantitative approach questionnaire based study.

All the obstetric and gynaecology female trainees and consultants in West of Scotland deanery were contacted with self designed questionnaire detailing nonsurgical and surgical treatments for prolapse, together with published success and complication rates.

Results

65 out of 110 who were contacted responded (59.1% response rate). 50.7% of respondents were consultants and 25% ST6-7, 18.5% ST3-5 and 4.6% ST1-2. Only 5/65 had special interest in urogynaecology.

80% respondents expected to feel better and wished symptomatic relief with better QoL and 16.9% wished both anatomical and symptomatic improvement with none wishing for only anatomical improvement.

Only 18.4% accepted vaginal pessary as method of treatment for POP and seemed to be more accepting if they were not sexually active at time of decision making.

For primary surgery 54% accepted conventional surgery i.e. repair operation +/- hysterectomy and only 26 % accepted use of mesh.23% respondents accepted surgery using mesh to support the uterus and 33% accepted biological slings for repair.

55.4% respondents thought that their decision would be different if it was their repeat surgery and seems to be more accepting of mesh and hence better cure rate with lower risk of recurrence but higher risk of complications. Those (11/65) who were unsure about their choice for repeat surgery were the ones who had opted for mesh repair (synthetic or biological) for primary repair. Those who wished not change their decision (12/65) for repeat surgery had either opted for pessary in the first instance or already had opted for mesh repair for primary surgery.

Free text: Repeat theme was the respondents were worried about potentially higher complication rate with mesh and therefore were less willing to risk these for a potentially lower recurrence rate.

Most respondents wished a fine balance between decreased chances of recurrence versus complications

Interpretation of results

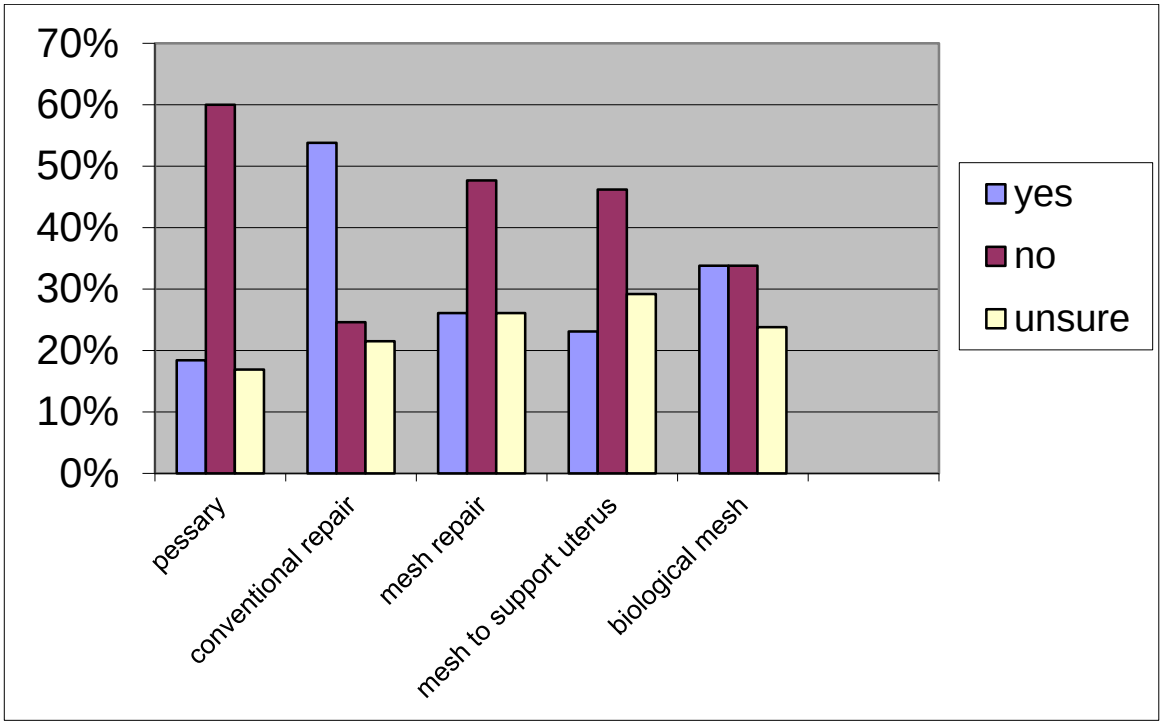
Majority of respondents wished definite rather than conservative treatment. Those who were keen to have surgery as a primary procedure wished to have conventional surgery rather than surgery with mesh repair with or without hysterectomy even though it that meant trade off in terms of success rates. Interestingly those who opted to have mesh repair for primary surgery were unsure about their option with recurrence of prolapse.

Concluding message

This survey probably reflects a group who have been involved with though not frequently, with rather serious complications involving meshes and therefore may represent bias.

It may also reflect diverse and conflicting opinion of the clinicians about use of mesh in prolapse repair which corresponds to the current clinical practise. It highlights the complexity of decision making for treatment for prolapse even for group of women who are relatively verse with the subject.

With increasing use of mesh for primary surgery, we think, it is absolute essential to have insight into how women perceive the acceptability of these treatments and their associated complications and be properly counselled and consented for the same.



Disclosures
Funding: NA **Clinical Trial:** No **Subjects:** NONE