ADVANTAGES AND DISADVANTAGES OF VAGINAL PACKING AS A ROUTINE STEP FOLLOWING VAGINAL SURGERY

Hypothesis / aims of study
Recent evidence suggests a higher post operative complications following vaginal surgery than previously believed (1). Vaginal packs are usually used following pelvic surgery to reduce post operative complications. With the increased rates of using Mesh Repair Devices (MRDs) for POP surgeries some studies addressed the use of vaginal packing following vaginal surgeries as routine practice (2). The aim of this study was to assess the effects of vaginal packing on post operative complications rates as post operative bleeding, haematologic and infective morbidity; and pelvic haematoma formation with evaluation of its effect on post operative pain.

Study design, materials and methods
This is a prospective non randomised study carried out in Gynecology department from October 2010 to November 2011. 200 Women planned for vaginal operation were prospectively recruited to participate in our study. They were divided into 2 groups group A 100 cases were vaginal packing will be done post operative and group B 100 cases were packing will not be done. The pre-operative and post-operative protocol included a detailed gynecological history, a thorough physical examination, haematological and bacteriological investigations performed pre and post operative on day 3 upon discharge and at 4 weeks post operative with vaginal ultrasonography to exclude pelvic haematoma formation, pain was assessed 24 to 48 hours post operative as long as the pack is there using the pain score applied in the department which gives score from 1 to 10 according to the severity of pain 1 address no pain and 10 severe pain. Patients with high risk to post operative complications as with clotting abnormalities, Diabetes and previous pelvic surgeries were excluded. Post operative complications will be compared in both groups as regards bleeding, pain, haematological, bacteriological and pelvic haematoma formation. Blood loss was assessed using changes in HB and platelets concentration. Post operative infections was evaluated using changes in the WBCs and urine samples.

Results
The mean age in both groups was 50.8 (37-74 yrs) and mean parity was 3.9 (2-10) with no statistically significant difference. All patients were reviewed at 4 weeks after the operation. Number of haematoma formation in group B was higher than group A and statistically significant. There was no statistically significant difference between other measured outcomes in both groups. Due to intra operative bleeding 10 patients from group B needed vaginal pack. There was no statistically significant difference in the pain scores between both groups.

Interpretation of results
There was no statistically significant difference between other measured outcomes in both groups. Due to intra operative bleeding 10 patients from group B needed vaginal pack. There was no statistically significant difference in the pain scores between both groups.

Concluding message
Vaginal packing following vaginal surgery has an advantage to decrease risk of post operative bleeding and haematoma formation with no disadvantages as regards increasing post operative pain. Therefore it should be recommended as a routine practice.

References
1. What is the incidence of infection post vaginal surgery. The 34th Annual meeting IUGA Villa Erba, Italy June 2009
2. Should we pack it or not. Thiagamooth G, Cardoso L The Annual meeting ICS, Toronto 2010

Disclosures
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