

SACROCOLPOPEXY (SCP) - A COHORT STUDY LOOKING AT SHORT, MEDIUM AND LONG TERM FUNCTIONAL OUTCOME OVER THE LAST DECADE (2002-2011).

Hypothesis / aims of study:

To evaluate the functional outcome, complications and need for repeat surgery after sacrocolpopexy.

Study design, materials and methods:

Study performed in a tertiary urogynaecology referral centre. All patients who had SCP were identified by hospital database. 70 patients had SCP and 49 patients case notes were reviewed. Few case notes were destroyed as they didn't attend the hospital for >5 years. Information was obtained from clinical letters and operative notes.

Results:

70 % case notes were reviewed. 11 patients were premenopausal. Information about whether patients were sexually active was not available. 67% patients had pelvic surgery in the past and of these 9 patients had had surgery for vault prolapse (either IVS or SSLF).

41% patients had only single compartment (vault/cervical) prolapse and 5 of them had procidentia. Remaining patients had associated anterior and or posterior compartment prolapse (table 1). All patients had grade 2 and higher prolapse with 11 patients having grade 4 prolapse.

Type of prolapse(table 1):

Single compartment vault prolapse	Multiple compartment prolapse (vault prolapse and other associated vaginal prolapse)	
20(includes 5 cases of procidentia)	Rectocoel+vault	8
	cystocele+vault	7
	Cystocoel+ rectocoel+vault	9
	Enterocoel+vault	4
	Not known	1

12 patients had laparoscopic SCP and 37 were performed by open technique. (Table 2)

Table 2: Distribution of patients as per route and time frame when surgery were performed

Route of surgery	Time frame within which surgery was performed	Number of pts.
Laparoscopic sacrocolpopexy	< 6 months	1
	6 months – 5 years	4
	5 – 10 years	7
Open sacrocolpopexy	< 6 months	7
	6 months – 5 years	26
	5 -10 years	4

29% patients had only SCP and remaining had various different pelvic floor and or incontinence procedure (Table 3).

Type of Surgery (Table 3)

Only SCP	Associated Procedures with SCP	
14	subtotal hysterectomy	14
	STH + incontinence procedures	5
	pelvic floor repair	9
	Rectopexy	3
	PFR+Incontinence	4

Complications: 4% patient had intraoperative complication with bladder injury at laparoscopic SCP and this was repaired. 2 patients has mesh exposure > 5years after surgery (Table 4). 7 patients complained of pain (5 RIF and 2 backache) > 6months-5 years after surgery. There was 1 case of omental herniation through port site on 7th postoperative day.

16% patients required further surgery either for new prolapse or recurrence of prolapse as described below (table 4).

Patients requiring further surgery (Table 4)

Time Frame	Type of prolapse and surgery if required	
	OPEN	LAPAROSCOPY

< 6/12 months	1 new onset grade 1 cystocele requiring no further surgery	1 redo sacrocolpopexy
6/12-5 years	New onset 2 cases with grade 1-2 cyst/recto - no further surgery	New Grade 2 enterocele - posterior repair and enterocele repair using mesh
	Recurrence of Gr 3 vault and grade 2 cystocele - PFR using mesh	
	Pre-existing Grade 2 cyst - anterior repair	
> 5year	Redo sacrocolpopexy and rectopexy	1 recurrence of rectocele and enterocele requiring posterior and enterocele repair and further surgery with posterior repair using mesh
		2 mesh exposure : 1.Trimming of mesh only 2.Mesh trimming and anterior repair with mesh for new onset cystocele

The short term outcome with sacrocolpopexy was high (97.9%) with the rate being maintained with medium term (100%) and long term (91.66%) follow up (table 5).

Outcome (table 5):

Time frame	<6 mth Short term		6mths – 5 yrs Medium term		>5 years Long term	
Route of surgery	Laparoscopic SCP	Open SCP	Laparoscopic SCP	Open SCP	Laparoscopic SCP	Open SCP
Successful	11	37	11	30	7	4
Not successful	1	0	0	0	0	1

Interpretation of results:

We found high success rate with SCP with both laparoscopic and open procedure with low intraoperative and postoperative complications (including mesh exposure). The number of patients in laparoscopy SCP was small to give any difference in outcome based on route of surgery but long term outcome with laparoscopic SCP appears good

Concluding message

Our results confirm previous findings that SCP is a safe and efficacious surgical treatment for apical vaginal prolapse and provides good support. The success rate at short term was maintained at medium term and was high. Though numbers in long term follow up group is small but results are encouraging. Long term follow up data are needed to assess durability of this procedure.

Disclosures

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