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FUNCTIONAL OUTCOME AFTER LAPAROSCOPIC SACROCOLPOPEXY

Hypothesis / aims of study
Pelvic organ prolapse is very common (50% parous women) and involves multiple anatomic and functional systems such as genitourinary, gastrointestinal, vaginal symptoms (including difficulty with sexual function) especially in post hysterectomy vaginal vault prolapse. Laparoscopic sacrocolpopexy is a developing surgical method of management of such problems. However, there is limited evidence to provide long term functional outcomes of the procedure and quality of life
Therefore the aim of this study is to evaluate the medium term functional and anatomical outcome of Laparoscopic sacrocolpopexy

Study design, materials and methods
A prospective observational study of 27 women with stage 3 or 4 vaginal vault prolapse **(**Baden-Walker system) who had laparoscopic sacrocolpopexy. Detailed urogynaecological history, clinical examination, quality of life (QOL) assessment were carried out in all of the women
Assessment of the degree and impact of vaginal, urinary, bowel and sexual symptoms on quality of life using the validated [paper version of the electronic pelvic floor assessment questionnaire (ePAQ-PF)]
This was completed pre-operatively, and at six months (short term) in all 27 women, and at 14-56 months in 15 women.

Results
At six months follow-up, 24/27 (88.8%) had successful anatomical outcome/ stage of prolapse improved significantly for all compartments. Of the 15 women with longer term follow up, 55% of them reported urinary symptoms at 6 months, this increased to 82% at 14-56 months. The main contributing symtoms being urinary frequency (36% increase) and urinary urge and incontinence (18 % increase).
There was an overall improvement (47-66%) in urinary painful symptoms and voiding dysfunction at six months follow up and this was not changed longer term. Stress urinary incontinence had resolved in half of women (52.4%) at six months, and remained unchanged in 55% of 15 women longer term. Overall, there was significant improvement in the impact of urinary symptoms on the quality of life (p=0.013), at six months and remained the same at 14- 56 months follow-up
Anatomically, In 82% of these patients anterior wall prolapse at at stage 1 -2 , but only 1 woman was symptomatic.
Bowel symptoms were common preoperatively and 38% were de novo at 6 months which did not change at subsequent follow up.
There was a significant improvement in sexual function and impact on quality of life at 6 months after surgery due to improvement in urinary symptoms (77.8%). The level of satisfaction had not changed at long term follow up.

Interpretation of results
Laparoscopic sacrocolpopexy remains an effective treatment for vault prolapse as seen in this long term prospective study. However, the outcome of posterior and anterior support still remains less predictable. In particular, the increase in loss of support in the anterior wall raises new questions regarding the classic surgical technique employed. There remains a significant urinary and bladder symptom improvement on long term follow up. Worsening in urinary symptoms may be confounded by features related to urinary urge and incontinence developing with time as well as coital incontinence that were reported. There may be other pathological and physical factors involved and merits further investigation.

Concluding message
Pelvic organ prolapse can present and affect quality of life dramatically with a wide spectrum of symptoms. Long term studies with greater sample sizes are required to assess the outcomes and effectiveness of laparoscopic sacrocolpopexy with standardised, easily repeatable and reliable tools of assessment.

Disclosures
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