

ONE-YEAR FOLLOW-UP AFTER LAPAROSCOPIC HYSTEROPEXY AND VAGINAL HYSTERECTOMY: A RANDOMISED STUDY.

Hypothesis / aims of study

A prior observational prospective study has shown laparoscopic hysteropexy is an effective operation for uterine prolapse (1). We now report 1 year follow up data from a randomised study comparing laparoscopic hysteropexy with vaginal hysterectomy for uterine prolapse.

Study design, materials and methods

One hundred and thirty two women were recruited from clinic with symptomatic uterine prolapse requesting surgery for uterine prolapse. Thirty-one had a strong preference for hysterectomy or hysteropexy and declined randomisation. Of the remaining 101 women, 50 were randomised to vaginal hysterectomy (VH) and 51 to laparoscopic hysteropexy (LH). As this is a first randomised study no power calculation was available. Subjects were reviewed after 1-year post surgery. Operation data, complications, recovery time, pelvic organ prolapse quantification (POP-Q) anatomical outcomes, International Consultation on Incontinence questionnaire for vaginal symptoms (ICIQ-VS) for functional and quality of life outcomes and repeat prolapse surgery within 1 year were measured. Wilcoxon sign rank and Mann-Whitney tests were used to compare pre-operative with post-operative data and difference between the two groups, respectively.

Results

At time of writing, 1-year follow-up data was obtained for 32 women in laparoscopic hysteropexy and 35 women with vaginal hysterectomy. Tables 1- 4 summarise demographic, repeat surgery, POP-Q and ICIQ-VS data for both groups.

There was no significant difference in demographics between the two groups (table 1). The return to normal activity between the two groups was not significantly different but the blood loss and hospital stay was significantly less in the hysteropexy group.

Table 1. Demographic and surgery data for the two groups

	Laparoscopic hysteropexy (n=54)	Vaginal hysterectomy (n=59)
Age (mean+/- SD)	63 +/- 6.3	65.7+/- 7.0
BMI (mean+/- SD)	26.2 +/- 3.7	27.1 +/- 4.2
Parity [Median (range)]	2 (1-5)	2 (1-4)

Table 2. Repeat Prolapse surgery within 12 months and procedures booked

Prolapse operations post initial surgery	Laparoscopic hysteropexy (n=54)	Vaginal hysterectomy (n=59)
Laparoscopic sacrocolpopexy	0	4 (2)
Cervical Amputation	1	0
Anterior repair	1 (2)	0

(In bracket)= Booked for surgery

Table 3. POP-Q scoring pre- and post-operation and comparing mean difference between the groups.

	Pre-operative POP-Q:		Post-operative POP-Q:		Mean difference (postop-preop)	p value
	Laparoscopic hysteropexy (n=30)	Vaginal hysterectomy (n=31)	Laparoscopic hysteropexy (n=30)	Vaginal hysterectomy (n=31)		
Ba	1.4	0.8	-0.8	-0.6	-1.8	0.118
C	2.8	1.4	-5.5	-4.4	-7.0	<0.001
D	0.5	-0.5	-0.7	NA	NA	NA
Bp	0.5	0.1	-2.8	-2.5	-2.9	0.337
TVL	8.4	8.0	8.4	6.4	-0.4	<0.001

Table 4. ICIQ-VS vaginal symptoms questionnaire scores pre-and post operation and comparing mean difference between the groups

	Pre-operative ICIQ-VS:		Post-operative ICIQ-VS:		Mean difference (postop-preop)	p value
	Laparoscopic hysteropexy (n=30)	Vaginal hysterectomy (n=31)	Laparoscopic hysteropexy (n=30)	Vaginal hysterectomy (n=31)		
VS score	35.6	34.2	8.8	6.8	-23.7	0.268
SM score	31.7	31.4	13.6	11.1	-13.8	0.355
QOL score	7.1	7.6	2.2	1.3	-4.9	0.459

(VS= Vaginal symptoms; SM= Sexual matters score; QOL= Quality of life)

Interpretation of results

More repeat operation for prolapse is required for patient post VH compared to LH. The C- point and TVL in POP-Q scoring appear to show significantly better results in women post-operatively who have had LH.

There was no statistically sig difference in ICIQ-VS changes between the 2 operations, but both had significant reduction in scores.

Concluding message

Laparoscopic hysteropexy and vaginal hysterectomy both result in significant objective and subjective improvement at 12 months. Hysteropexy was associated with a shorter postoperative hospital stay and appears to confer better apical support; point C and total vaginal length are significantly improved and there is less chance of repeat apical surgery. Laparoscopic hysteropexy is a safe surgical alternative to vaginal hysterectomy but longer follow-up data from larger studies are required.

References

1. Price, N., A. Slack, and S.R. Jackson, Laparoscopic hysteropexy: the initial results of a uterine suspension procedure for uterovaginal prolapse. BJOG, 2010. 117(1): p. 62-8.

Disclosures

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