

LONG-TERM EFFECTS OF LEFORT COLPOCLEISIS ON QUALITY OF LIFE

Hypothesis / aims of study: LeFort colpocleisis is an obliterative procedure used for the treatment of pelvic organ prolapse with the advantage of lower recurrence rates. Our aim in this study is to evaluate the quality of life and surgical outcomes of women who had undergone Le Fort colpocleisis.

Study design, materials and methods: All patients who had undergone LeFort colpocleisis for the treatment of pelvic organ prolapse from 2008 till 2013 were included in the study. Demographic variables, urogynecologic symptoms, degree and type of pelvic organ prolapse, urodynamics, types of operations performed, intraoperative and postoperative complications, patient satisfaction, and quality of life were evaluated. Pelvic organ prolapse was evaluated using Baden-Walker Halfway System. Quality of life was evaluated using King's Health Questionnaire (KHQ). All patients underwent LeFort colpocleisis and vaginal hysterectomy was performed in all patients with a uterus. Concomitant anti-incontinence surgery was performed according to patient's symptoms or urodynamic findings. The primary outcome was patient reported satisfaction after surgery and results of the KHQ. Secondary outcomes were postoperative urinary incontinence (UI) and complications including recurrent pelvic organ prolapse. Data were expressed as mean \pm standard deviation. Wilcoxon signed-rank test was used for preoperative and postoperative comparison. A p value <0.05 was considered statistically significant.

Results: Thirty-seven patients were included. Mean age of the patients was 70.1 ± 8.9 . 24 patients (64.9%) were married, 13 (35.1%) were widow. Nine patients (24.3%) had a history of total abdominal hysterectomy whereas five patients (13.5%) had a history of vaginal hysterectomy. 27 patients (73.0%) suffered from concomitant UI. 18 (48.6%) had urge UI, 8 (21.6%) had mixed UI, one (2.7%) suffered from stress UI. 21 patients (56.8%) had a 3rd degree cystocele, 10 patients (27.0%) had 3rd degree rectocele, 15 patients (40.5%) had 3rd degree uterine/vaginal prolapse. 12 patients (32.4%) had detrusor overactivity and 8 (21.6%) had leakages with cough or Valsalva in the cystometry. Two patients (5.4%) had occult stress UI in the cystometry when the prolapse was reduced with a tampon. 15 patients (40.5%) underwent concomitant transobturator tape operation. Mean follow-up period was 1.8 ± 1.2 years. Only four patients (10.8%) suffered from urge UI in the postoperative period. Three of these had urge UI before surgery. One patient who had undergone concomitant anti-incontinence surgery developed de novo urge UI. Complications were one vaginal sulcus perforation, one hematoma in the labium majus that was managed conservatively, one groin pain, and one recurrent pelvic organ prolapse at the 8th postoperative month which was treated with total colpocleisis. None of the patients felt regret after surgery. 22 (59.5%) patients were satisfied, 10 patients (27.0%) were very satisfied, one patient (2.7%) was better than before and four patients (10.8%) were the same after surgery. There was statistically significant improvement in the general health perceptions, physical limitations, emotions, sleep/energy, and symptom severity domains and the total score of the KHQ as summarized in Table 1.

Interpretation of results: LeFort colpocleisis is an effective surgical method for the treatment of pelvic organ prolapse with low recurrence rates and minimal rate of complications. 64.9% of our patients were married, but gave consent to LeFort colpocleisis operation because they were not sexually active. All patients should be questioned about being sexually active or not despite being married. We performed concomitant hysterectomy in patients with a uterus. Concomitant hysterectomy prevents the development of pyometra in the postoperative period and obviates the need for cervical cytology and endometrial sampling in the future. [1] De novo UI may be encountered in 8-30% of patients after colpocleisis. [2] We did not observe any de novo stress UI in our patients who did not undergo anti-incontinence operation. Only one patient who had undergone concomitant transobturator tape operation developed de novo urge UI. Concomitant anti-incontinence surgery in all colpocleisis cases would increase the rate of postoperative urinary retention as compared to selective anti-incontinence surgery in patients with symptoms and urodynamic findings.

Objective and subjective success rates after LeFort colpocleisis were found as over 95% and 85%, respectively. Only one recurrence was observed in our cohort and she was treated with total colpocleisis. There was significant improvement in quality of life as documented by improvement in the KHQ results.

Concluding message: LeFort colpocleisis is an effective surgical method for the treatment of pelvic organ prolapse in women who have completed their sexual life with minimal postoperative complications and significant improvement in quality of life. Patient satisfaction is high and regret is not encountered if proper informed consent is obtained.

Table 1: Preoperative and postoperative results of the King's Health Questionnaire

	Preoperative	Postoperative	p
General health perceptions	45.7 \pm 23.8 (0-100)	19.3 \pm 21.9 (0-50)	0.001
Incontinence impact	60.9 \pm 40.0 (0-100)	42.9 \pm 48.2 (0-100)	0.206
Role limitations	46.7 \pm 38.7 (0-100)	31.4 \pm 42.7 (0-100)	0.232
Physical limitations	46.1 \pm 39.4 (0-100)	29.9 \pm 38.3 (0-100)	0.067
Social limitations	34.6 \pm 35.7 (0-100)	23.3 \pm 31.5 (0-100)	0.109
Personal relationships	0.9 \pm 5.6 (0-33)	0.47 \pm 2.8 (0-16.6)	0.317
Emotions	49.2 \pm 41.9	29.8 \pm 39.8	0.047

	(0-100)	(0-100)	
Sleep/energy	41.9 ± 36.9 (0-100)	17.1 ± 28.4 (0-100)	0.001
Symptom severity	41.1 ± 30.5 (0-100)	22.9 ± 33.8 (0-100)	0.021
Total score	364.8 ± 228.0 (0-755)	205.1 ± 246.6 (0-711)	0.012

References

1. Toglia MR, Fagan MJ. Pyometra complicating a LeFort colpocleisis. Int Urogynecol J Pelvic Floor Dysfunct 2009; 20(3):361.
2. Abbasy S, Lowenstein L, Pham T, Mueller ER, Kenton K, Brubaker L. Urinary retention is uncommon after colpocleisis with concomitant mid-urethral sling. Int Urogynecol J Pelvic Floor Dysfunct 2009;20 (2):213.

Disclosures

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