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INFLUENCE ON QUALITY OF LIFE OF ROBOT-ASSISTED SACROCOLPOPEXY FOR PELVIC ORGAN PROLAPSE REPAIR.

Hypothesis / aims of study

We analize our results after robot assisted sacrocolpopexy for pelvic organ prolapse by EPIQ questionnaire "Epidemiology of Prolapse and Incontinence Questionnaire".

Study design, materials and methods

Longitudinal retrospective study in a serie of 49 womens (mean, age 66years) diagnosed with pelvic floor prolapse (anterior and middle compartment) between November 2006 and May 2011, operated by robot-assisted sacrocolpopexy.

Different dimensions of EPIQ questionnaire where evaluated before and after surgery and dividing the sample into differents subgroups: with / without recurrence, bladder perforation (BP), intraoperative complications (IOC) and postoperative complications (POC) as classified by Dindo-Clavien.

Results

The quality of life pre and postsurgery, shows a statistically significant improvement comparing the total sample, in the subgroups; without recurrence, IOC, BP and in those POC Clavien 0, I and IIIb (P < 0.05).

Overactive bladder (OAB) shows statistically significant improvement in the total sample comparing the subgroups without recurrence, IOC and presenting POC Clavien 0 and I (p < 0.05).

The pain and voiding difficult has improved in the total sample and in the subgroups without recurrence, IOC and POC subgroups Clavien 0 and I (p < 0.05).

The defecatory dysfunction groups showed no improvement.

Stress urinary incontinence has improved significantly in the total sample and in the subgroups without recurrence, CIO and CPO Clavien 0 and I (p < 0.05).

Pelvic organ prolapse has significant improvement considering the total sample and the subgroups without recurrence, with IOC and POC Clavien 0 and I (p < 0.05).

Interpretation of results

After robot-assisted sacrocolpopexy for a pelvic organ prolapse repair, the patients showed improvement in their quality of life. The minors IOC and POC Dindo-Clavien 0-I, do not appear to adversely affect the quality of life, voiding difficult and pain, urinary incontinence and pelvic prolapse.

Concluding message

The EPIQ test maybe useful in the clinical practice to complement the evaluation of the pelvic floor after robotic-assisted sacrocolpopexy.

Disclosures

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