

RECURRENCE OR NEW ONSET PELVIC ORGAN PROLAPSE AFTER POSTERIOR VAGINAL WALL REPAIR UNDER LOCAL ANESTHESIA

Hypothesis / aims of study

Pelvic organ prolapse is a common condition (30-50%), which is mostly found in women after age 50 [1]. The lifetime risk of getting surgery for pelvic organ prolapse or urinary incontinence is around 12% and up to 30% of these women will be re-operated because of recurrent prolapse [2]. There is a limited knowledge about recurrence risk and patient satisfaction after posterior vaginal wall prolapse (PVWP) repair. Furthermore there is only a relatively short follow-up in the literature, so it is difficult to comment on the long-term results.

The primary objective of this study was to determine the recurrence risk after outpatient PVWP repair under local anesthesia with a follow-up of up to 3 years. Furthermore the long-term results include the incidence of new onset pelvic organ prolapse, urinary incontinence, pain problems, bowel discomfort, and patient satisfaction after such an operation were investigated.

Study design, materials and methods

The study is a retrospective quality study. Seventy-two women who underwent isolated PVWP repair under local anesthesia in the outpatient clinic at the Department of Gynaecology and Obstetrics, between January 2010-January 2013, were included in the study. Traditional midline plication of fibromuscular fascia layer was performed for repair of PVWP. Concomitant procedures as anterior vaginal wall repair, vaginal hysterectomy, perineoplasty were exclusions criteria. PVWP repairs were performed for women reporting bulging or defecatory dysfunction due to stool trapping and objective finding of rectocele defined and staged according to the International Continence Society. Telephone interview 3 months after surgery and clinical examination for follow-up were performed. All women answered a validated Patient Global Impression of Improvement questionnaire (PGI-I).

Results

During the study period 127 women had posterior vaginal repair in our department. Isolated PVWP repairs were performed in seventy-two women. Fifty-six of these women (78%) attended the follow-up visit. Mean age of women was 62 years (range 32-81) at the mean time to follow-up was 34,6 month (range 25,1-46,7 month)

At the follow-up clinical examination, forty-four women (79%) had no recurrence PVWP, while nine women (16%) had stage 1 PVWP. Only two of fifty-six (4%) had stage 2 PVWP at the follow-up. Both these women have previously had stage 3 and 2 PVWP before surgery.

None of the women had been re-operated for PVWP.

Twenty-six of fifty-six women (46%) had stage 2 or more pelvic organ prolapse at the time of follow-up evaluation. Seven women (13%) had operations for new onset pelvic organ prolapse or urinary incontinence after initial repair of PVWP.

Eighteen out of twenty-nine women (62%) who initially had urinary incontinence considered their condition improved, while three of twenty-nine women (10%) had worse symptoms of urinary incontinence after repair of PVWP. Only one woman had de novo urinary incontinence following PVWP repair.

Twenty-eight of thirty-five women (80%) with initially defecatory dysfunction had none or less defecatory problems after the surgery. Four women (19%) developed de novo defecatory dysfunction after PVWP repair.

Fifteen women (29%) had dyspareunia before surgery. At the follow-up ten of these women (67%) had none or less dyspareunia. Seven women (19%) developed de novo dyspareunia after surgery.

Fourty-five of fifty-six women (80%) considered their overall symptoms as "Very much better", "Much better" or "A little better". Four women (7%) had unchanged overall symptoms, and six women (11%) had worse symptoms after PVWP repair.

Interpretation of results

In this study 95% of the women underwent isolated PVWP repair under local anesthesia in an outpatient clinic had improved objective findings, with none or stage 1 PVWP at the time of follow-up, which is up to 3 years.

Recurrence rates in the PVWP are reported 12-20% in the literature. We found no recurrence for PVWP in the follow-up period.

In our study only 13% of women had operations for new onset pelvic organ prolapse or urinary incontinence after initial repair of PVWP, which is lower than previously reported to be 30% [2].

The subjective findings after PVWP repair are more difficult to evaluate and thereby make a clear conclusion. With an overall satisfaction of 80%, most of the women included in this study have improved their symptoms.

Concluding message

This study, performed in an outpatient clinic, shows no recurrence, a very high patient satisfaction and cure rate after isolated PVWP repair under local anesthesia. Women should be informed before such a surgery concerning the risk of de novo symptoms from the bladder, bowel or even pain problems related to the PVWP repair operation.

References

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Disclosures

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