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QUALITY OF LIFE AND PATIENTS SATISFACTION AFTER GENITAL PROLAPSE SURGERY: VAGINAL HYSTERECTOMY VERSUS MESH HYSTEROPEXY

Hypothesis / aims of study

Quality of life and patients satisfaction after genital prolapse surgery: vaginal hysterectomy versus mesh hysteropexy

Study design, materials and methods

We present the preliminary results of a randomized controlled trial. 46 patients (stage POP-Q ≥ II) were recruited between february 2010 and february 2014 and randomized to hysterectomy or hysteropexy groups. There were no significant differences in age, BMI, parity or POP-Q stage (Fig 1)

Groups	**Hysterectomy (n=19)**	**Hysteropexy (n=27)**	**p value**
	mean (minimum-maximum)	mean (minimum-maximum)	
Age (years)	64 (45-79)	62,44 (48-76)	*p*=0,488
BMI (Kg/m^2)	29,22 (22,81-39)	27,06 (20,5-32,4)	*p*=0,106
Parity	2,05 (0-3)	2,33 (1-7)	*p*=0,816
POP-Q stage	2,36 (2-4)	2,42 (2-3)	*p*=0,566

Figure 1

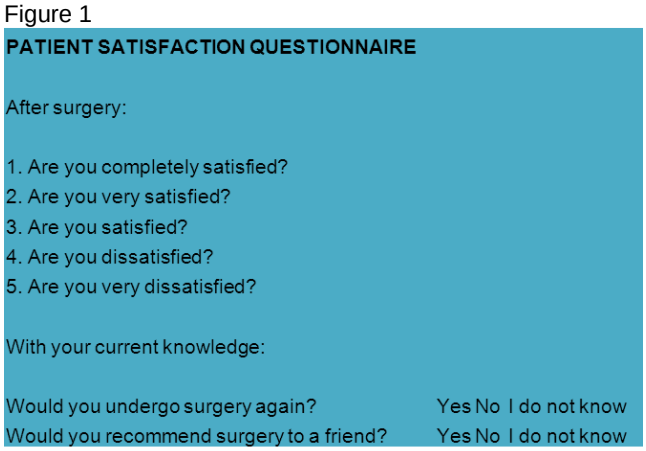

Fig. 2. Patient satisfaction questionnaire

Patients were asked to complete 4 quality of life questionnaires (EPIQ, ICIQ-SF, B-SAQ and PISQ-12) and a satisfaction questionnaire (figure 2) before and 12 months after surgery. The anatomic outcome was assessed with the POP-Q classification before and 12 months after surgery.

Results

19 patients were randomized to the hysterectomy group and 27 patients were randomized to the hysteropexy group. After 12 months significant differences were found in POP-Q points and in quality of life. In the EPIQ questionnaire urinary incontinence and prolapse improved significantly after surgery ($p \leq 0,05$), whereas it was not the case for fecal incontinence and sexual satisfaction. ICIQ-SF and B-SAQ questionnaires showed significant improvements after surgery in both the hysterectomy and the hysteropexy groups ($p \leq 0,05$) although no differences were found between them (figure 3). The PISQ-12 questionnaire did not show any differences before and after surgery. POP-Q points Aa, Bb and H improved in the hysterectomy and the hysteropexy groups and points C and D improved only in the hysteropexy group ($p \leq 0,05$). 12 months after surgery, differences were observed between groups in Ap and Bp points ($p \leq 0,05$) (figure 4). According to the satisfaction questionnaire, most of the patients were satisfied amb recommended the surgery (figures 5-6-7).

	0 month	12 months	P value	0 month	12 months	P value
	mean	mean		mean	mean	
Groups	***Hysterectomy***			***Hysteropexy***		
ICICQ-SF	7,47	2,25	*p*=0,007	6,44	4,56	*p*=0,018
CACV symptoms	5,84	3,13	*p*=0,005	4,37	2,65	*p*=0,001
CACV discomfort	5,37	2,88	*p*=0,034	4	2,58	*p*=0,01
PISQ-12	16,84	18,23	*p*=0,307	21,93	22,92	*p*=0,355

Figure 3

Evaluation	**0 month** mean (minimum-maximum)	**12 months** mean (minimum-maximum)	**P value**	**Evaluation**	**0 month** mean (minimum-maximum)	**12 months** mean (minimum-maximum)	**P value**
Hysterectomy				***Hysteropexy***			
POP-Q *Aa*	-0,37 (-3-3)	-2,25 (-3-0)	*p*=0,001	**POP-Q *Aa***	-0,22 (-3-2)	-2,35 (-3-0)	*p*<0,001
POP-Q *Ba*	0,68 (-3-3)	-2,23 (-3-0)	*p*=0,002	**POP-Q *Ba***	0,81 (-3-3)	-2,23 (-3-0)	*p*<0,001
POP-Q *C*	*Invaluable*			**POP-Q *C***	-0,78 (-8-3)	-5,31 (-7-1)	*p*<0,001
POP-Q *D*	*Invaluable*			**POP-Q *D***	-1,15 (-8-1)	-5,55 (-9-0)	*p*=0,002
POP-Q *Ap*	-2,84 (-3- -1)	-2,50 (-3- -1)	*p*=0,129	**POP-Q *Ap***	-2,67 (-3-0)	-2,96 (-3- -2)	*p*=0,066
POP-Q *Bp*	-2,84 (-3- -2)	-2,56 (-3- -1)	*p*=0,157	**POP-Q *Bp***	-2,78 (-3-0)	-2,96 (-3- -2)	*p*=0,102
POP-Q *LVT*	7,95 (5-11)	7,81 (4-9)	*p*=0,714	**POP-Q *LVT***	8 (7-11)	7,96 (4-9)	*p*=0,907
POP-Q *H*	4,58 (3-6)	3,94 (3-5)	*p*=0,008	**POP-Q *H***	4,59 (3-5)	4 (3-5)	*p*<0,001
POP-Q *Cp*	1,95 (1-3)	2,25 (2-3)	*p*=0,066	**POP-Q *Cp***	2,11 (1-3)	2,22 (1-3)	*p*=0,564

Figure 4

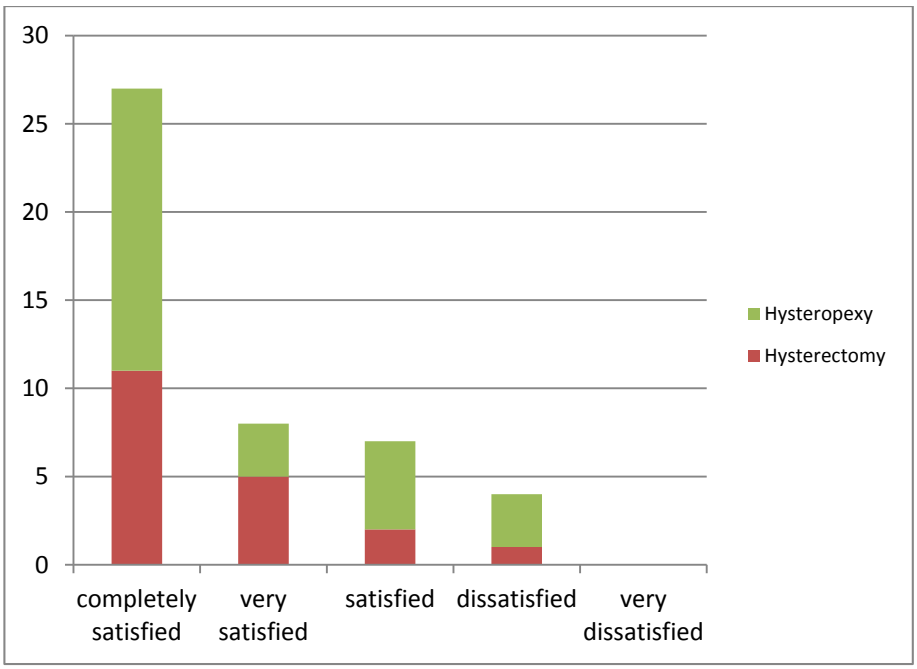

Figure 5

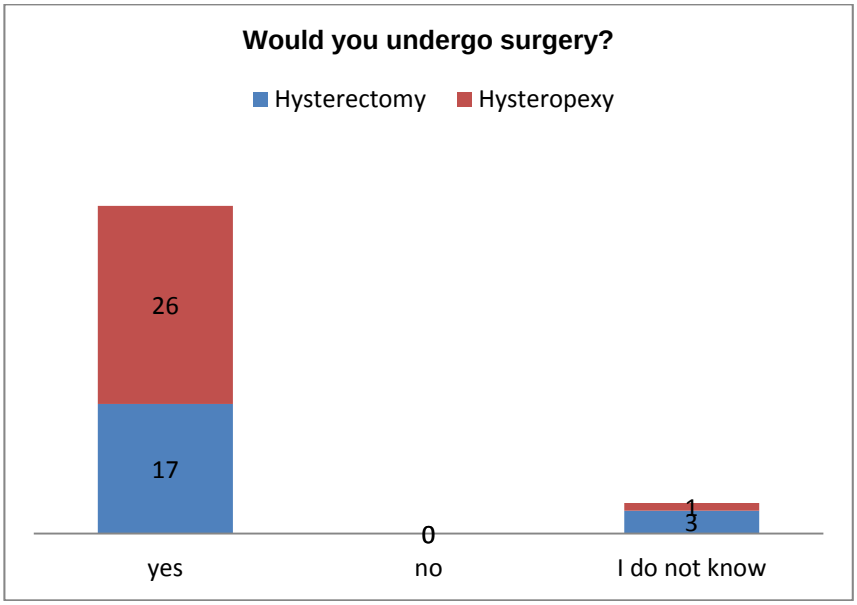

Figure 6

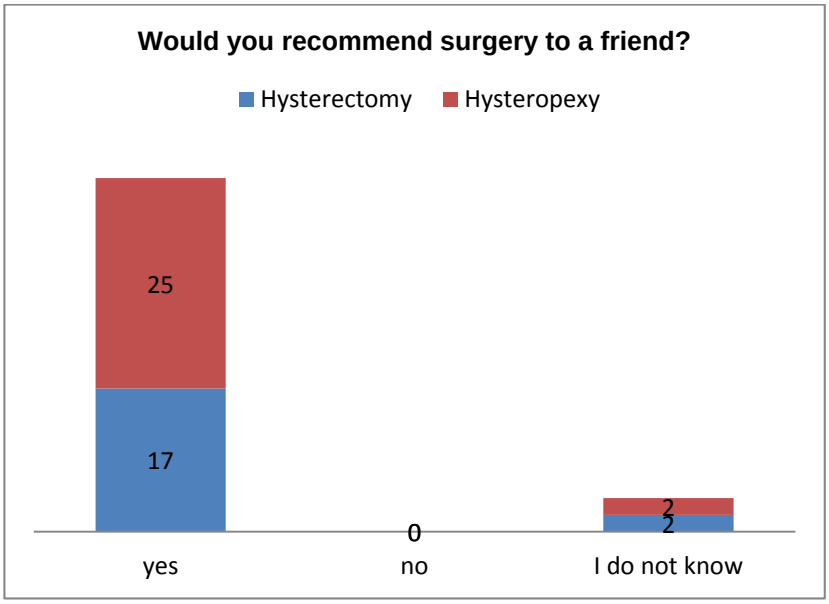

Figure 7

Concluding message

The preliminary results of this study suggest that surgery improves quality of life in patients with uterine prolapse at 12 months. The most of patients are satisfied and recommended the surgical treatment.
Hysteropexy with TFS™ mesh offers more anatomic results. However more studies are needed to assess this improvement in a longer term.

Disclosures

Funding: Hospital del Mar, Universitat Autònoma, Barcelona **Clinical Trial:** Yes **Public Registry:** No **RCT:** Yes **Subjects:** HUMAN **Ethics Committee:** Comité Ètic d'Investigació Clínica CEIC-Parc de Salut Mar **Helsinki:** Yes **Informed Consent:** Yes