

TVL, GH AND PB POINTS AFTER A YEAR OF SURGICAL TREATMENT FOR SEVERE GENITAL PROLAPSE.

Hypothesis / aims of study

Genital prolapse is a disease that interferes substantially in quality of life of patients. Severe prolapse leads to the downfall of self-esteem patient even the sexual, urinary and bowel function. The treatment of prolapse aims to establish the anatomy and function of the pelvic organs and vagina. One of the important points to be discussed in the surgical treatment of prolapse is whether this type of treatment will influence the vaginal size or change the perineal body. This topic is important, because most women with severe genital prolapse are elderly and have some degree of sexual dysfunction.

The aim of this study is observe if there was a change of the total vaginal length and the perineal body after a year of surgical treatment for severe genital prolapse.

Study design, materials and methods

This is a retrospective observational study performed in a university hospital. Patients with surgical treatment for severe genital prolapse (E3 and E4) from 2008 to 2010 were included. The surgery performed was fascial repair or mesh repair, without vaginal epithelium resection and without perineal body correction. We analyzed their demographics data and total vaginal length (TVL), hiatus genital (gh) and perineal body (pb) points by POP-Q system.

Results

Within these 2 years, there were in total 64 patients who underwent prolapse surgery. Three of them were excluded due to incomplete medical records, resulting in 61 patients eligible for data analysis. Fascial repair was performed in 31 patients and mesh repair in 33 patients. Only 18 patients had sexual activity. Their mean age was 65.1 ± 7.5 (range 49-81 years old) and the mean number of vaginal births was 5.1 ± 3.6 (parity 0-15).

Dependent t-tests for paired samples showed decrease of the TVL and gh points after surgery and increase of the the perineal body length (Table 1). Repeated measures analysis of variance (rANOVA) indicated that there was no interaction effect between either age or number of vaginal births on total vaginal length (TVL) or perineal rupture (Gh-Pb).

Table 1. Comparison of POP-Q scores before and after surgery (mean \pm STD)

Variables	Before	1 year after
TVL	8.9* \pm 1.3	7.8 \pm 1.1
Gh	3.9* \pm 0.9	3.2 \pm 1.0
Pb	3.5* \pm 0.8	3.9 \pm 0.7
Gh-Pb	0.4* \pm 1.3	-0.7 \pm 1.3

Dependent t-test for paired samples. *P<0,01.

Interpretation of results

Since one of the goals of treatment is to restore sexual function, consider if surgery leads to a shortening of the vagina is essential. Regardless of use or not of synthetic material to repair the prolapse, the shortening of the vagina may occur when performing surgery vaginally. The resection of the vaginal epithelium could be a point raised to support the hypothesis of the shortening of the vagina after surgery, but in both techniques was not performed.

Another analysis that must be made of the results is the decrease of the Gh and increase of Pb. This indicates that if the anatomy is surgically restored, there is a correction of the perineal body, a fact already studied by integral theory.

A critical point in this study is the fact that fewer patients had sexual lives, thus analysis of improvement/worsening sexual function could not be made. These analyzes could infer whether the shortening of the vagina and the improved perineal body could interfere in scores of sexual quality. These results could direct researchers to search three points:

1. Vaginal size could really interfere with sexual function?
2. Vaginal approach should be compared with the abdominal approach regarding the size of the vagina
3. Correcting deficient perineal body in patients who have more chance of dyspareunia and decreased vaginal lubrication is a way?

Concluding message

We concluded that vaginal surgery to treat severe genital prolapse, may lead to a shortening of the vagina, the urogenital hiatus and increased perineal body.

Disclosures

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