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OUTCOMES AFTER 3 YEARS OF GENITAL PROLAPSE SURGERY: VAGINAL HYSTERECTOMY VERSUS MESH HYSTEROPEXY

Hypothesis / aims of study

We want to evaluate the efficacy, improvement in symptomatology and anatomy of genital prolapse surgery between vaginal hysterectomy and TFS mesh hysteropex as well as their complications.

Study design, materials and methods

We present the preliminary results of a randomized controlled trial. 50 patients (stage POP-Q ≥ II) were recruited between february 2010 and february 2014 and randomized to hysterectomy or hysteropexy groups. Nearly all patients had perineal body repair. Patients were asked to complete 4 quality of life questionnaires (EPIQ, ICIQ-SF, B-SAQ and PISQ-12) and a satisfaction questionnaire (figure. 1) before, 12 and 36 months after surgery. The anatomic outcome was assessed with the POP-Q classification before, 12 and 36 months after surgery.

PATIENT SATISFACTION QUESTIONNAIRE

After surgery:

1. Are you completely satisfied?
2. Are you very satisfied?
3. Are you satisfied?
4. Are you dissatisfied?
5. Are you very dissatisfied?

With your current knowledge:

Would you undergo surgery again? Yes No I do not know
Would you recommend surgery to a friend? Yes No I do not know

Figure 1

Results

20 patients were randomized to the hysterectomy group and 30 patients were randomized to the hysteropexy group. There were no significant differences in age, BMI, parity or POP-Q stage (Figure 2).

Groups	**Hysterectomy (n=20)**	**Hysteropexy (n=30)**	**p value**
	mean (range)	mean (range)	
Age (years)	65,80 (45-79)	62,53 (48-76)	0,124
BMI (kg/m^2)	28,53(23-39)	27,46 (22-32)	0,807
Parity	2,05 (0-3)	2,33 (1-7)	0,816
POP-Q stage	2,65 (2-4)	2,47 (2-4)	0,317

Figure 2

Figure 3 shows patients with perineal body repair, surgical time, surgeries performed by Senior surgeons and hospitalization days.

		Hysterectomy	**Hysteropexy**	**p value**
Perineal body repair		13 65%	29 96,7%	0,005 *
Surgical time (in minuts)	Mean range(SD) Maximum	100,55 (34,0) 180	67,9 (28,23) 160	0,000 **
Senior surgeon		8 40 %	30 100%	0,001 *
Hospitalization days	Mean range(SD) Maximum	2,45(1,36) 7	1,6(0,77) 3	0,005 **

Figure 3 (*Pearson X^2 ** Mann-Whitney test)

In figure 4 we present complications and postoperative pain on the first and second hospitalization days. We had a rectal perforation and a bleeding >500 cc as intraopera-

tive complications in hysterectomy group, 1 urinary infection later in this group, 1 vaginal stenosis and 1 vaginal adhesion. As postoperative complications in hysteropexy group we found 4 urinary infections, 1 vaginal adhesion, 1 paravesical lymphocele, 2 anchor migrations and 1 asymptomatic mesh erosion.

		Hysterectomy	**Hysteropexy**	**p value**
Complications		5 25%	9 30%	O,700 *
Postoperative pain (VAS)	Mean range (SD) Minimun Maximum	0,25(0,72) 0 3	0,59(1,43) 0 7	0,402 **

Figure 4 (*Pearson X^2 ** Mann-Whitney test)

Regarding POP-Q points after surgery we observed an improvement in all of them without differences between both techniques. Three patients had prolapse symptomatology at 12 months: one hysteropexy needed hysterectomy and another one a new hysteropexy; another patient from the hysterectomy group needed an anterior colpoplasty. Only one patient at 36 months had mild prolapse symptomatolgy.
Nearly all patients were satisfied and reported a good quality of life 36 months after surgeries.

Interpretation of results
We have residents and junior doctors who performed 65% of hysterectomies with perineal body repair and only one senior surgeon performing 96,7% of TFS mesh hysteropexy with perineal body repair. This fact could explain that the surgical time was shorter in hysteropexy group and so were the hospitalization days.
The percentage of complications was similar between both groups; all complications were entirely resolved. We did not find differences in postoperative pain between both surgical
techniques nor in satisfaction or quality of life.
Both hysterectomy and hysteropexy recovered the anatomy after 36 months.

Concluding message
Hysterectomy and hysteropexy are adequate treatments for genital prolapse. 36 months after surgery we can confirm that we are able to preserve the uterus using TFS mesh hysteropexy and that it is not necessary to remove it as a routine. However more studies are needed to assess this improvement in a longer term. Our trial is still open.

Disclosures
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