

LAPAROSCOPIC SACROCOLPOPEXY IN ADVANCED AGE WOMEN: INFLUENCE OF AGE IN SURGICAL AND PERIOPERATIVE RESULTS.

Hypothesis / aims of study

Defining optimal surgical treatment for pelvic organ prolapse (POP) is still a challenge nowadays, especially after FDA's health alarms published in 2008 and 2011. Laparoscopic surgical correction and abdominal procedures have an increasing development, especially laparoscopic sacrocolpopexy (LS), which has shown an excellent anatomic and functional results, with a low complications rate.

There is a progressive population's aging and an increasing demand of solutions, so treatment of prolapse in advanced age women (AAW) has become a new challenge for physicians.

Our objective is to evaluate surgical and perioperative results in POP treatment in AAW. Our hypothesis is that surgical treatment of POP by LS in AAW has, at least, similar results than in younger women.

Study design, materials and methods

We analyzed the first 130 consecutive procedures of LS by 3 surgeons, carried out between November 2011 and January 2016. Chart 1 shows sample's distribution in each age group.

AGE	<59	60-69	70-79	>80	TOTAL
N(%)	15(11.5)	58(44.6)	49(37.7)	8(6.2)	130(100)

AAW was defined as 70 or older patients, so there are two groups in our study: women under 70's or 70 and older patients, with 73 (56.1%) and 57 (43.8%) members respectively.

Quantitative variables were described by median and standard deviation and qualitative variables by absolute and relative frequency. Hypothesis contrast was developed by t-student and Mann-Whitney U test for quantitative variables and Chi squared and Fisher's exact test for qualitative ones.

Results

Chart 2 shows basal characteristics in both study groups.

VARIABLE	< 70 years	≥ 70 years	p value
	Mean (SD)	Mean (SD)	
Age	62.6 (6.9)	75.4 (4.3)	0.001
Gestations	3.3 (1.6)	3.1 (1.4)	0.50
	N (%)	N (%)	
Arterial hypertension	35 (47.9)	37 (64.9)	0.05
Diabetes	13 (17.8)	12 (21.1)	0.60
Cardiovascular disease	5 (6.8)	5 (7.0)	0.61
Respiratory disease	4 (5.5)	10 (17.5)	0.02
POP previous surgery	11 (15.1)	12 (21.0)	0.37
Anticoagulation therapy	4 (5.8)	2 (3.5)	0.46
Antiplatelet therapy	13 (17.8)	13 (22.1)	0.31

Chart 3 provides a comparative results of surgical and perioperative variables in both study groups.

VARIABLE	< 70 years	≥ 70 years	p value
	Median (SD)	Median (SD)	
Surgical time (minutes)	192 (56)	182 (65)	0.14
Hospital stay (days)	2.8 (1.6)	2.5 (1.2)	0.18
Bladder catheter (days)	2.7 (2.2)	2.2 (1.2)	0.13
	N (%)	N (%)	
Intraoperative complications	10 (13.7)	4 (7.0)	0.22
Bladder injury	7 (9.5)	2 (3.5)	
Rectal injury	1 (1.4)	1 (1.7)	
Small bowel injury	1 (1.4)	-	
Vaginal injury	1 (1.4)	1 (1.7)	
Early complications (30 days)	3 (4.1)	5 (8.8)	0.23
Obstructive uropathy	1 (1.37)	-	
Wound Infection / Eventration	1 (1.37)	1 (1.7)	
Subcutaneous emphysema	-	1 (1.7)	
Vaginal bleeding	-	1 (1.7)	
Ureteral fistula	-	1 (1.7)	
Takotsubo syndrome	-	1 (1.7)	
Neuropraxia	1 (1.37)	1 (1.7)	
Transfusion	1 (1.4)	2 (3.5)	0.40

Interpretation of results

Globally, surgical treatment of POP by LS shows appropriate surgical and perioperative results, with a median surgical time of 187 minutes and 2.7 days of hospital stay. Our results indicate low intraoperative complication (10.7%) and early complications at 30 days (6.2%) rates.

As charts 2 and 3 show, despite of an older population and higher rate of comorbidities as hypertension and respiratory disease, no statistical differences were found in surgical results and intraoperative or early complications between both study groups. According to the results presented, LS could be considered as a safe alternative in treatment of women older than 70 years.

Concluding message

Surgical treatment by LS in AAW shows similar results than in younger women, so it could become a safe alternative in treatment of POP for this group of patients.

Disclosures

Funding: None **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** Because it is a observational study **Helsinki:** Yes **Informed Consent:** No