

## FUNCTIONAL OUTCOME OF PELVIC FLOOR RECONSTRUCTION FOR FEMALE PATIENTS WITH PELVIC ORGAN PROLAPSE FOLLOWED-UP FOR A MINIMUM OF 5 YEARS

### Hypothesis / aims of study

Patients with pelvic organ prolapse (POP) frequently suffer from lower urinary tract and sexual dysfunction. The POP is a disease of QOL causing various functional disorder as well as the organ descent. Therefore the goal of its treatment must accompany with QOL improvement including sexual function [1,2]. We prospectively observed time course of voiding and sexual function in 161 female patients with POP following at least five years after transvaginal mesh (TVM) procedure.

### Study design, materials and methods

171 patients (average age of 67.4) with POP (159 cystocele, 20 uterine prolapse, 37 rectocele and 11 vault prolapse) underwent TVM (104 Anterior TVM, 2 Posterior TVM, 44 A&P-TVM, 11 Total TVM and 125 concomitant TOT/TVT) were followed for least 5 years at outpatient section of our institute. Among them, 161 (161/171, 94%) patients replied for questionnaires by the mailing method. We evaluated anatomical cure, IPSS (International Prostate Symptom Score), ICIQ-SF (International Consultation on Incontinence Questionnaires Short Form), the maximum flow rate, the residual urine volume, P-QOL (Prolapse Quality-of-Life questionnaire) and FSFI (Female Sexual Function Index) of 5 year following surgery. In a part of patients, FSFI scores were compared with those of age matched controls.

### Results

The anatomical cure (POP-Q stage0) rate of 5 year was 86% (Table 1.). Both of voiding and storage symptoms which were measured by IPSS improved in most of cases after surgery ( $p=0.0001$ ) (Fig.1.). Though we observed no change in the maximum flow rate, the mean residual urine volume decreased from 68 ml to 25 ml ( $p=0.0001$ ) (Fig.2.). Only the independent factor that affected IPSS after surgery was intraoperative complication ( $p=0.0061$ ). As for the sexual function, all domains of P-QOL were improved especially in perception, prolapse impact, roll limitation, social limitation and emotions. Among 25 patients who had sexual intercourse before surgery, 10 (10/25: 40%) withdrew after surgery. On the other hand, among 136 who had no sexual intercourse before surgery, 13 (13/136: 9.5%) restored. After surgery, these 13 patients had no significant difference in every domains of FSFI when compared with age-matched controls. Factors associated with restoring sexual intercourse included younger age, below or POP-Q 3 and absence of complication.

### Interpretation of results

The long-term anatomical curative rate, effect for voiding and storage symptoms of TVM procedure were acceptable. Age and degree of POP apparently affected sexual function. About 10% of patients who were not sexually active became sexually active after surgery.

### Concluding message

Results of the present study suggested surgeries are reasonable options for improve of QOL among POP patients.

POP-Q Stage	0	1	2	3	4	% Cure
Pre	0	0	28	78	55	
1 year (n=157)	150	1	6	0	0	93
3 year (n=157)	148	4	5	0	0	92
5 year (n=155)	139	8	8	0	0	86

Table 1. Anatomical cure.

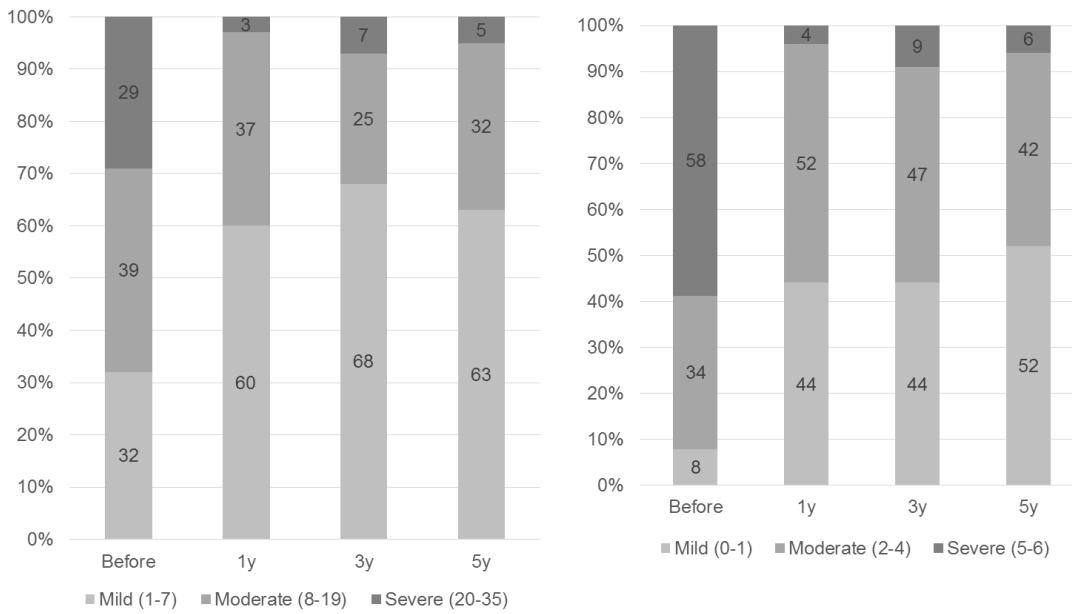


Fig.1. IPSS Total and QOL score.

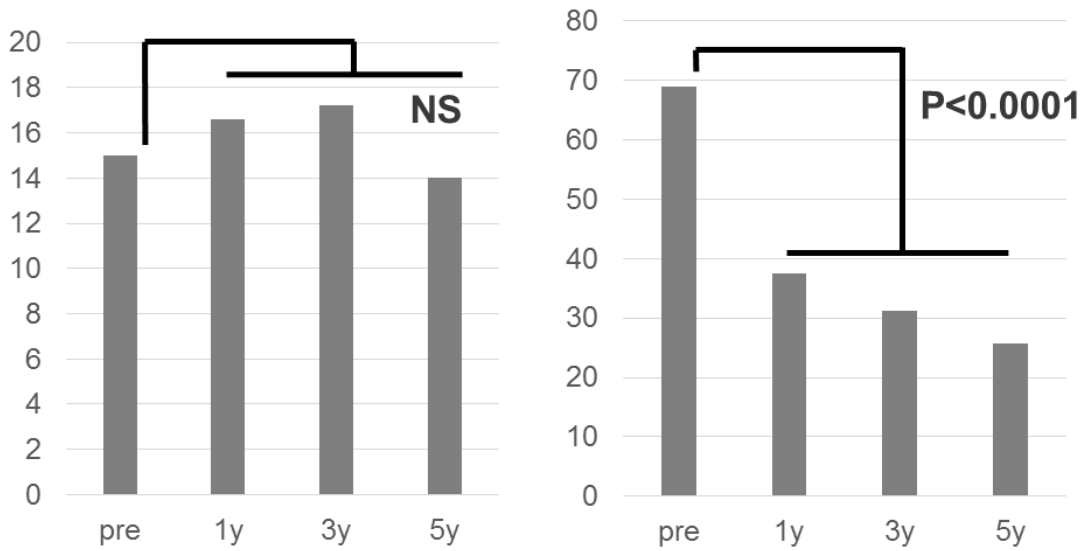


Fig.2. Maximum flow rate and Residual urine volume.

**References**

1. Int J Urol. 2010; 17: 353-8.
2. Int J Urol. 2013; 21: 301-7.

**Disclosures**

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