

QUALITY OF LIFE FOLLOWING VAGINAL RECONSTRUCTIVE VERSUS OBLITERATIVE SURGERY FOR THE TREATMENT OF PELVIC ORGAN PROLAPSE

Hypothesis / aims of study

To determine if obliterative vaginal surgery for pelvic organ prolapse improves the quality of life in patients compare this change in quality of life in patients with prolapse who received reconstructive vaginal surgery

Study design, materials and methods

This was a retrospective cohort study of women aged 35– 85 years old diagnosed with pelvic organ prolapse who underwent either obliterative or reconstructive surgical correction between January 2009 and November 2015 at tertiary referral center. Medical records of patients who met the inclusion criteria were identified. Potential participants were called for phone interview including the validated Thai-version of the Prolapse Quality of life questionnaire-(P-QOL Thai) (1) for assessing post-operative quality of life. Data was analyzed by using Chi-square test and Fisher exact test for categorical data, and Student's test and Mann-Whitney U test for continuous data.

Results

We identified 295 potential participants who underwent vaginal surgery for POP. Of those, 197 (66.8%) were able to complete questionnaire by telephone interview. Of those identified 93 (47.2%) underwent obliterative vaginal surgery, and 104 (52.8%) underwent reconstructive vaginal surgery. The mean age was 63.2 ± 10.2 . The majority of patients were Thai (95.4%), Buddhism (96.5%), married (60.9%), multiparity (87.3%), sexual inactive (75.6%). 12.2% had previous hysterectomy and 10.7% had previous incontinence or prolapse surgery. 77.2% were stage 3 or 4 pelvic organ prolapse.

In obliterative group, 82% underwent total colpocleisis. In both groups 67.5% had concurrent vaginal hysterectomy. Operative data shows no significant difference in operative time, blood loss, intraoperative and postoperative complication. Obliterative group has significantly shorter hospital stay compared with reconstructive group (median 2 days (range 1-17) vs. 3 days (1-20), P-value= 0.016). According to P-QOL scale, obliterative group demonstrated significant less impairment in the prolapse scale domain after surgery than reconstructive group (1.75 vs. 5.26 respectively, P-value =0.023). There was no significant difference in other domains of P-QOL.

Interpretation of results

Obliterative group demonstrated significant less impairment in the prolapse scale domain after surgery than reconstructive group. There was no significant difference in other domains of P-QOL.

Concluding message

Based on this study obliterative vaginal surgery provides more positive impact to prolapse scales than reconstructive vaginal surgery. In addition, obliterative surgery has shorter hospital stay than reconstructive surgery. Surgeon should consider counsel the option of obliterative surgery for treating elderly women with advanced POP.

Domain	Total (n=197)	Obliterative (n= 93)	Reconstructive (n=104)	P value*
General health perceptions	25 (0- 75)	25 (0- 50)	25 (0- 75)	0.744
Prolapse impact	3.51 (1.75- 36.84)	1.75 (1.75- 36.84)	5.26 (1.75- 36.84)	0.023
Role limitations	0 (0- 66.67)	0 (0- 33.33)	0 (0- 66.67)	0.561
Physical&social limitations	0 (0- 83.33)	0 (0- 33.33)	0 (0- 83.33)	0.405
Personal relationships	0 (0- 77.78)	0 (0-0)	0 (0- 77.78)	0.001
Emotions	0 (0- 55.56)	0 (0- 33.33)	0 (0- 55.56)	0.354
Sleep/energy	0 (0- 66.67)	0 (0- 33.33)	0 (0- 66.67)	0.771
Severity measures	0 (0- 16.67)	0 (0- 16.67)	0 (0- 16.67)	0.393

Table 1 : Scales of the P-QOL after surgery, median (range)

*Mann-Whitney U test

References

1. *Int Urogynecol J* (2010) 21:985–993

Disclosures

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