BSUG SURVEY OF THE MANAGEMENT OF PELVIC ORGAN PROLAPSE IN THE ELDERLY, SEXUALLY-INACTIVE WOMEN

Hypothesis / aims of study
To assess practice in the management of pelvic organ prolapse in elderly sexually-inactive women, in particular colpocleisis and pessary.

Study design, materials and methods
An online questionnaire survey was sent to BSUG members, to assess practice in the management of pelvic organ prolapse in elderly sexually-inactive women, in particular colpocleisis and pessary.

Results
We received 73 responses, 33.3% from tertiary units and 66.7% from secondary units. Mean number of sexually-inactive patients reviewed for pessary treatment was 31 patients/month (95% CI 23.41-38.49), while mean number of pelvic floor repairs was 6/month (95% CI 4.16-7.83). Forty-one (56%) respondents performed 1 or more colpocleisis/month. Thirty-two (44%) consultants did not offer colpocleisis, 12 due to reasons such as lack of experience/training, 10 expressed negative reasons such as it being an outdated procedure, and 10 gave no reasons.

For respondents with over 5 years’ experience, more specialists performed colpocleisis compared to subspecialists (52.6% vs 26.3%). For those with less than 5 years’ experience, 7.9% performed colpocleisis.

Among those who performed colpocleisis, 34.2% worked in tertiary units and 65.8% worked in secondary care, while those who did not perform colpocleisis, 32.3% worked in tertiary units while 67.8% worked in secondary care.

65.2% and 61.9% of those working in tertiary units and secondary care respectively were in equipoise regarding randomisation to vaginal surgery or pessary treatment. 52.2% and 52.4% of those working in tertiary units and secondary care respectively were in equipoise regarding randomisation to colpocleisis or pessary treatment. 38% provided their emails and wished to take part in future research.

Interpretation of results
More than fifty percent of respondants perform one or more of colpocleisis per month. More specialists performed colpocleisis compared to subspecialists. Colpocleisis is more commonly performed in secondary units compared to tertiary units. Of those that donot offer colpocleisis, 37 % were due to lack of training. Most clinicians are willing to participate in further future studies to randomise patients with pelvic organ prolapse to colpocleisis verus pessary treatment or pelvic floor repair versus pessary treatment.

Concluding message
The majority of respondents regularly perform the colpocleisis procedure, typically special interest urogynaeacologists working in secondary care hospitals. The level of experience was similar across those who did and did not perform colpocleisis.

References

Disclosures
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