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## **POST HYSTERECTOMY LAPAROSCOPIC SACROCOLPOPEXY USING Y-SHAPED MESH – A CONSECUTIVE REVIEW OF OUTCOMES AND PATIENT SATISFACTION SCORES**

### Hypothesis / aims of study

To review the efficacy, safety and global improvement of consecutive patients undergoing post hysterectomy laparoscopic sacrocolpopexy using Y shaped mesh.

### Study design, materials and methods

Data was collected retrospectively by the individual note review of 147 consecutive patients who underwent post hysterectomy laparoscopic sacrocolpopexy (LSC) between January 2010 and March 2016. Quality of life was assessed using the Prolapse Quality of Life Questionnaire (PQOL) and prolapse was assessed with POP-Q scores pre and postoperatively. Intraoperative complications, recurrence of symptoms and anatomical improvement were also obtained together with a global impression of improvement score.

### Results

The patients ranged from 35 to 86 years old with an average BMI of 28.3. The most common presenting symptoms were vaginal bulge (95%) vaginal heaviness (73%) and urinary urgency (46%). The average time between hysterectomy to LSC was 10.5 years (5months – 42 years).

Complications of surgery included return to theatre (3%), bowel injury (0.6%) , bladder injury (2.7%), major haemorrhage (0.6%) and 1% risk of mesh erosion. 12% patients developed de novo stress urinary incontinence and 2.7% urinary urgency.

Patient global impression of improvement at follow up showed 76% were much better or very much better, and the average post operative point C was -7.6. In this series 15% of patients re-presented with further/unresolved prolapse symptoms and 11% went on to have further surgery within 4 years

### Interpretation of results

Our study shows that the majority of patients experienced a subjective improvement in their symptoms as well as anatomical improvement following surgery. The risk of major complications at surgery was low, as was the risk of mesh erosion. Although there was 11% repeat surgery rate, only 1 case was for repeat apical surgery whilst the rest were for recurrent or de novo vaginal wall prolapse indicating that sacrocolpopexy is effective at improving and maintaining apical support post hysterectomy.

### Concluding message

Laparoscopic sacrocolpopexy is a safe and effective method of managing post hysterectomy apical prolapse.

### Disclosures

**Funding:** Nil **Clinical Trial:** No **Subjects:** NONE