

Category No.

13

Video
Demonstration

Ref. No.

277

Abstract Reproduction Form B-1

Author(s):

CF Maher, MP Carey, MC Slack, CJ Murray, PL Dwyer, S Milligan

Double Spacing

Institution
City
Country

Royal Women's and Mercy Hospital Women, Melbourne, Australia

Double Spacing

Title (type in
CAPITAL
LETTERS)**UTERINE PRESERVATION OR HYSTERECTOMY AT PROLAPSE
SURGERY? - A CASE CONTROL STUDY****Aims of Study**

Vaginal hysterectomy is a standard approach for the management of uterine prolapse, and recently sacrospinous ligament fixation of the vaginal vault has been advocated to minimize recurrent vault prolapse (1). Uterine preservation may be requested for the following reasons: increasing community concern over the high hysterectomy rate, a tendency to defer childbirth to an older age, a belief that non-diseased organs do not need to be removed, and that sexual satisfaction may be related to uterine presence (2). Sacrospinous ligament fixation of the uterus (sacrospinous hysteropexy) is an effective treatment for uterine prolapse in women wishing to maintain fertility (3,4). There is little or no information available on whether hysterectomy at the time of prolapse surgery is associated with a better outcome when compared to retaining the uterus. The aim of this study is to compare the short-term benefits and long-term outcome of uterine preservation with hysterectomy, in conjunction with sacrospinous fixation in the surgical management of symptomatic uterine prolapse.

Methods

Between June 1992 and June 1998, 70 women presented with symptomatic uterovaginal prolapse. Thirty-four underwent sacrospinous hysteropexy and 36 vaginal hysterectomy and sacrospinous fixation of the vault. Long-term follow-up was achieved in 27 women who underwent sacrospinous hysteropexy, and 29 who had vaginal hysterectomy and sacrospinous fixation for comparison. Of the 14 women lost to follow-up, 7 had since died, 3 suffered senile dementia and 4 were unable to be contacted.

Between November 1998 and March 1999 the 56 women underwent independent evaluation by a non-surgical author who was unaware of the surgery performed. Evaluation included standardized questionnaire and site-specific vaginal examination. Patient satisfaction was recorded using a visual analogue scale (0-100) and a validated genitourinary questionnaire. All women had symptomatic uterovaginal prolapse to or beyond the introitus. Subjective success was no symptoms of prolapse. Objective success was no vaginal protrusion to the mid-vagina on site specific examination.

Results

The mean length of follow-up was 26 months after the sacrospinous hysteropexy and 31 months following the vaginal hysterectomy and sacrospinous fixation. No significant differences existed in the two groups in age, parity, body mass index, menopausal status, sexual activity and degree of uterovaginal prolapse. The outcome of the surgery include:

Category No.

13

Video
Demonstration

Ref. No.

277

Abstract Reproduction Form 2

Author(s): CF Maher, MP Carey, MC Slack, CJ Murray, PL Dwyer, M Milligan

Variable	Sacrospinous Hysteropexy n= 27	Sacrospinous Hysterectomy n=29	p value
Operating time (mins)	59	90	0.03
Blood loss (mls)	198	380	0.02
Hospital days	6.5	7.0	0.97
Return Normal (days)	31	33	0.64
Sexually active	52%	48%	0.60
Subjective success	78%	86%	0.37
Objective outcome	74%	72%	0.89
Patient satisfaction score	81	85	0.47

Conclusions

Sacrospinous hysteropexy is as effective as sacrospinous vault fixation and hysterectomy in the management of marked uterovaginal prolapse. Sacrospinous hysteropexy was associated with significantly decreased operating time and blood loss. Hysterectomy may be unnecessary in the surgical management of uterine prolapse in the absence of uterine pathology.

References

1. Am J Obstet Gyn 1991; 164:1072-6
2. Br J Obstet Gynaecol 1994;101:563-4
3. J Reprod Med 1989;34: 388-92
4. Am J Obstet Gynecol 1993; 168: 1778-86