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Abstract Reproduction Form B-1

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Title (type in CAPITAL LETTERS)

VAGINAL HYSTERECTOMY VS VAGINAL HYSTERECTOMY WITH SACROSPINOUS FIXATION: THE OCCURRENCE OF PROLAPSE OF THE VAULT

Aims of study: Most surgery for pelvic relaxation is performed vaginally and generally includes hysterectomy, anterior and posterior colporrhaphy. The goal of surgery is to restore the normal topographic anatomy and normalize the function of the envolved organs.
One major indication for that surgery is the uterus descensus that often is associated with descent of other organs. Good anatomic and functional results can be achieved. A troublesome and disappointing postoperative complication after vaginal hysterectomy, is the prolapse of the vaginal vault that occurs in 0.2 - 1% and depends mostly on surgical technique, preoperative situation (extent of the pelvic relaxation), constitutional and social factors. Sacrospinous fixation of the vaginal vault is one of the procedures used to correct that.
In our study we compare the occurrence of prolapse of the vaginal vault after vaginal hysterectomy alone (VH) vs vaginal hysterectomy associated with sacrospinous fixation (VHSF) and its determinants.
Methods: We studied the clinical file of 62 women that underwent VH or VHSF for pelvic relaxation in Obstetrics and Gynaecology Department of Hospital de S. João, Porto, Portugal. Data was collected on age, menopause, parity, past medical history, extent of pelvic relaxation and associated symptoms and surgical procedure. All women were asked to attend an interview where they answered a questionaire and were submited to a physical examination to a access the occurrence of prolapse of the vaginal vault.
Results are presented as mean ± standard deviation (SD). Proportions were compared using the chi-square test. Odds ratios and 95 percent confidence intervals (95% CI) were calculated to estimate the magnitude of the associations.
Results: All data were obtained for 52 women. Mean age at surgery was 62.1 years (SD ± 9.9), 46 (88.5 %) women were postmenopausal and the mean childbearing number was 3.5 (SD ± 2.8). Uterus descensus was grade 1 in 11 (21.2%)women, grade 2 in 22 (42.3%) and a grade 3 in 14 (26.9%).

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Symptons more often referred were the feeling that something was protruding from the vagina in 46 (88.5%) women. Past history of chronic obstructive lung disease, constipation and abdominal wall hernias were present in 15 (28.8%) women. Vaginal hysterectomy was performed in 43 (82.7%) cases and vaginal hysterectomy with sacrospinous fixation in 9 (17.3%).
There were no differences in the mean age at surgery in both groups (VH: 61.2 years ± 10.3 and VHSF: 66.7 years ± 6.3, p=0.13).
All women submitted to VHSF had uterus descensus grade 2 or grade 3. The grade of uterus descensus did not modify the option for any of the surgical procedure (OR = 1.88, 95% CI: 0.21-18.05).
After surgery, sensation of protusion from the vagina was present in 6 (11.5%). Prolapse of the vaginal vault was found in 12 cases (23.1%), 10 (83.3%) after VH and 2 (16.7%) after VHSF. The VHSF seems to protect against prolapse of the vaginal vault but our results are not significant (OR=0.94, 95% CI: 0.11-6.48). The occurrence of prolapse did neither depend on the grade of uterus descensus (p=0.45). Past medical history seems to be associated with the prolapse but again not significantly (OR=1.32, 95% CI: 0.26-6.43).
Conclusions: Prolapse of the vaginal vault coccurred in almost one fourth of the cases, but when vaginal hysterectomy was associated with sacrospinous fixation the trend was to reduce the appearance of that complication. Past medical history was related with the occurrence of prolapse, perhaps because the disease was maintained after surgery and possibly implicated in the pelvic relaxation. Further cases must be studied in order to confirm the trend of our results and increase the strength of the associations.