

2. Acta Obstet Gynecol Scand 1987; 66: 455-457.
3. Obstet Gynecol 1994; 84: 583- 586.

Table I. Findings of collagen type III in the pubocervical fascia of the three groups.

Patients with SUI (N=34)			Patients with prolapse but not GSI (N=32)			Control group (N=20)		
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19	7	8	1	9	22	---	3	17

SUI: Stress urinary incontinence .

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PREVENTION OF GENITAL PROLAPSE FOLLOWING BURCH COLPOSUSPENSION – COMPARISON BETWEEN TWO SURGICAL PROCEDURES

Aims of Study

The Burch colposuspension is considered to be one of the most popular and successful procedures treating urinary stress incontinence. Among the most common complications is the formation of post operative pelvic organ anatomical defects (7-22%). Cul-de-sac obliteration to prevent enterocele formation has long been suggested and debated for its effectiveness.

The purpose of this study was to evaluate the efficacy of the cul-de-sac obliteration during Burch Colposuspension to prevent post operatives anatomical defects formation and to compare two different surgical procedures in an attempt to achieve this goal.

Methods

Between 1982 and 1995, 520 patients underwent Burch colposuspension for Urinary Stress Incontinence. All patients have had a preoperative clinical and urodynamic assessment. Post operatively, patients were examined at 3,6,12 months and once a year thereafter. The last examination was during 1998. The mean follow-up was 8.6 years (3-16).

Patients were divided into two groups.

Group A: patients who underwent Burch Colposuspension only.

Group B: patients who have had a concomitant total abdominal hysterectomy and obliteration of the cul-de-sac. In the latter group the cul-de-sac obliteration was performed by two different techniques:

Until 1993 we used the Mosckowitz procedure and since 1993 we obliterated the cul-de-sac by approximation of the sacrouterine ligaments using 3-4 absorbable sutures.

We considered as anatomical defects enterocele formation which was clinically symptomatic and required surgical correction. For patients in group A we also considered uterine prolapse (grade II) and in group B we also considered vault prolapse as anatomical defects. Distal rectocele as a sole defect was not considered in this study.

Results

Out of the 520 patients in the study, 79 patients were omitted for various reasons. The study group comprises 441 patients, 132 patients in group A (Burch only) and 309 patients in group B (cul-de-sac obliteration). The mean age of the entire group was 48.6 years (28-81). Mean parity was 3.2 (1-10) There were no differences between the two groups.

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Table 1: Pelvic floor anatomical defects following Burch.

	All Patients	Group A	Group B
Enterocoele	33 (7.5%)	20 (15.1%)	13 (4.2%)
Vault	5 (1.1%)	-	5 (1.6%)
Uterine	5 (1.1%)	5 (3.8%)	-
Total	43 (9.7%)	25 (18.9%)	18 (5.8%)

Comparing the two groups we found significant differences ($P < 0.0001$) between group A (Patient with Burch only 18.9%) and group B (with cul-de-sac obliteration 5.8%).

Table 2: Comparison between two surgical procedures to prevent pelvic floor anatomical defects formation following Burch Colposuspension

	Burch only (132)	P<	Moschowitz Procedure (131)	P<	Approximation of Sacro-uterine ligaments (178)
Enterocoele	20		11		2
Vault prolapse	-		4		-
Uterine prolapse	5				1
Total	25 (18.9%)	NS	15 (11.4%)	0001	3 (1.7%)

We did not find statistical differences when Moschowitz Procedure was performed (11.4%) compared to the Burch Colposuspension group (18.9%) in reducing pelvic floor anatomical defects formation. Cul-de-sac obliteration using the approximation of the Sacrouterine ligaments was found much more effective than the Moschowitz Procedure ($P < 0.001$) and compared to the Burch Colposuspension only group ($P < 0.001$), in preventing the formation of post operative anatomical defects.

We examined the time of postoperative anatomical defects appearance.

In the total group only 7 of 43 (16.3%) of the anatomical defects were detected within the first two post-operative years. After 5 years only 46.5% of the cases were detected (18/43). After 10 years of follow up 74.4% were found (31/43). We compared the time of postoperative anatomical defects appearance in the two groups. We found that in group A (patients without cul-de-sac obliteration) the anatomical defects appear significantly much earlier than in group B (patients with cul-de-sac obliteration). After 2 years 24% compared with 5.5% ($P < 0.01$) respectively. After 5 years 69% compared with 22.2% respectively ($P < 0.001$).

Conclusions

1. Pelvic floor anatomical defects following Burch colposuspension appear significantly less frequently in patient with concomitant cul-de-sac obliteration (5.8%) compared with patients without cul-de-sac obliteration (18.9%).
2. The Moschowitz procedure did not prevent significantly anatomical defect formation following Burch Colposuspension.
3. Cul-de-sac obliteration using the approximation of the sacro uterine ligaments was found significantly more effective (1.7%) than using the Moschowitz procedure (11.4%) in preventing post Burch anatomical defect formation.

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Title (type in CAPITAL LETTERS, leave one blank line before the text):

A NATIONAL STUDY OF INCONTINENCE SURGERY OUTCOME EVALUATED BY A QUESTIONNAIRE AND OBJECTIVE OUTCOME VALUES

Aims of Study

To evaluate subjective symptoms and objective outcome values in female patients before and after incontinence surgery by using the combination of a national shortform incontinence questionnaire and objective recordings.