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MAXIMAL TRANSRECTAL DIGITAL PROTRUSION OF THE POSTERIOR VAGINAL WALL (ICS-PLUS): A REPRODUCIBLE AND USEFUL ADDITION TO THE STANDARD ICS PROLAPSE STAGING?

Aims of Study
Careful clinical examination of maximal protrusion of the posterior vaginal wall with and without stool packed rectum indicates a difference in standard ICS prolapse staging measurement at point Ap and Bp. As this may be an important finding especially in pre- and postoperative evaluation of patients suffering from stool-outlet obstruction, it was the purpose of this study to investigate whether transrectal digital protrusion of the posterior vaginal wall, mimicing the stool packed rectum, is able to increase the protrusion of the posterior vaginal wall in comparison with isolated Valsalva-maneuver as in the case of standard ICS method.

Methods
In 22 consecutive patients standard ICS prolapse staging during Valsalva-maneuver was compared with maximal protrusion of the posterior vaginal wall at point Ap and Bp by a transrectal inserted examining finger (ICS-plus). The measurement datas, with the hymen as the fixed point of reference, were evaluated statistically. Reproducibility of ICS-plus method was tested by two independent blinded examiners (Bland-Altman method).

Results
Comparison of ICS-standard and ICS-plus prolapse staging showed a statistically significant correlation between the two methods (p=0.003, Fig. 1). ICS-plus method was statistically correlated with an increase of maximal descent of the posterior vaginal wall resulting in higher ICS-plus prolapse stages (Fig. 2). Using the Bland-Altman method we could show that ICS-plus is a reproducible method for measuring maximal descent of the posterior vaginal wall (Fig. 3).
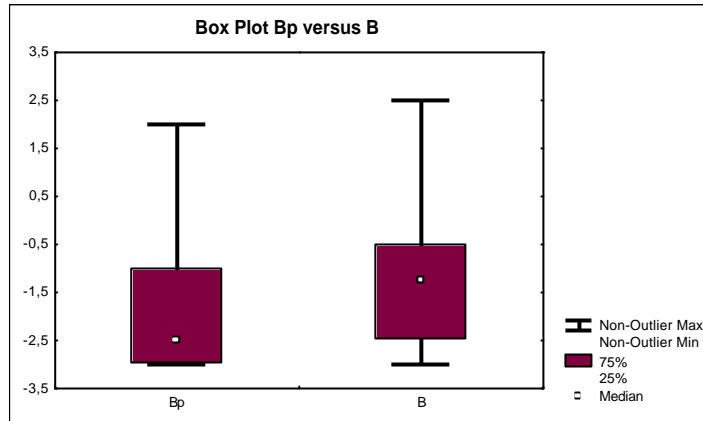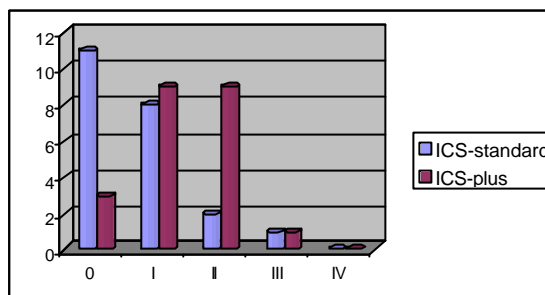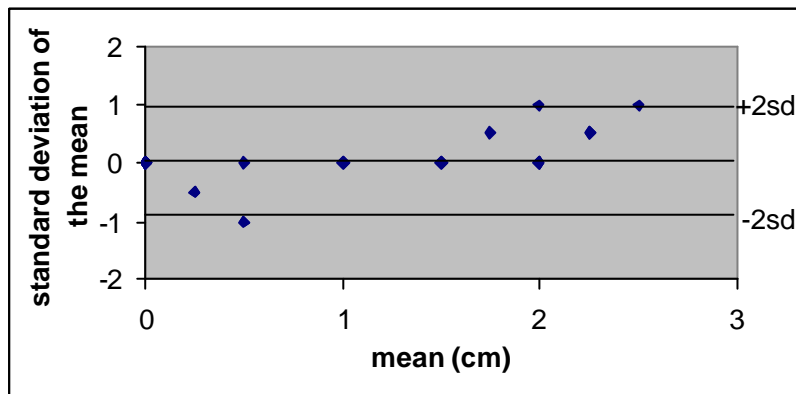
Fig. 1

Fig. 2

Fig. 3

<u>**Conclusions**</u>

A statistically significant correlation between ICS-standard and ICS-plus prolapse staging was observed. ICS-plus method was statistically correlated with an increase of maximal descent of the posterior vaginal wall resulting in higher ICS-plus prolapse stages. We could also show that ICS-plus is a reproducible method for measuring maximal descent of the posterior vaginal wall. Further studies are under way to prove the clinical usefulness of this method.