

FUNCTIONAL LONG TERM OUTCOME OF SACROSPINOUS LIGAMENT SUSPENSION FOR PELVIC ORGAN PROLAPSE

Aims of Study

Since Richter had described sacrospinous ligament suspension procedure in 1967, many studies had confirmed good anatomic results. Our aim was to precise functional long-term outcome of this procedure.

Methods

A retrospective chart review was performed to identify women who underwent sacrospinous ligament suspension in our institution between 1993 and 2001. During this period, 158 women had pelvic organ prolapse repair with sacrospinous ligament suspension. Other procedures performed concurrently were TVT suburetra tape for 15 (9%), Burch colposuspension for 10 (6%), Bologna sling for 60 (38%), Raz bladder neck suspension for 3 (2%), hysterectomy for 82 (52%), anterior repair with mesh for 13 (8%) and sacrocolpopexy for 12 (8%). Among the 158 women, 54 (34%) had undergone at least one previous unsuccessful procedure to correct genital prolapse.

Anatomic outcome was assessed at the last postoperative visit. Functional outcome was assessed with a postal questionnaire sent at the end of 2002. We used the Pelvic Floor Distress Inventory questionnaire described by Barber et al.¹

Mean anatomic follow-up was 14 months for 152 (96%) women who returned for postoperative visit. Mean functional follow-up was 55 months for 113 (72%) women who replied to the questionnaire, 27 (17%) did not received the questionnaire because they had moved and 18 (11%) did not replied.

Results

At the last postoperative visit, 35 (23%) women had a recurrence, vaginal vault prolapse or enterocele for 15 (10%), isolated cystocele for 18 (12%) and isolated rectocele for 2 (1%). Five (3%) women underwent a new procedure to repair pelvic organ prolapse relapse.

At the question *Are you satisfied with your surgical result?* 39 (35%) women answered *fully*, 34 (30%) *a lot*, 24 (21%) *moderately*, 5 (4%) *a bit*, 7 (6%) *not at all* and 4 (4%) did not answer.

At the question *What is the result on your pelvic organ prolapse?* 57 (50%) women answered *cured*, 38 (34%) *improved*, 12 (11%) *unchanged*, 4 (4%) *worsened* and 2 (2%) did not answer.

At the question *What is the result on your urinary incontinence?* 23 (20%) women answered *cured*, 34 (30%) *improved*, 7 (6%) *unchanged*, 4 (4%) *worsened*, 42 (37%) were not concerned (no urinary incontinence before) and 3 (3%) did not answer.

At the question *What is the result on your sexual life?* 13 (12%) women answered *improved*, 30 (27%) *unchanged*, 6 (5%) *worsened*, 58 (51%) were not concerned (no intercourse) and 6 (5%) did not answer.

At the question *If it was possible to go back in the past, would you still be agree to undergo the procedure?* 90 (80%) women answered *yes*. Quality of life was judged at *excellent* for 11 (10%), *good* for 57 (50%), *medium* for 35 (31%), *bad* for 4 (4%), *very bad* for 1 (1%), 5 (4%) women did not answer. Twenty (18%) women had symptoms of vaginal protrusion. Others pelvic floor disorders are reported in the Table.

Table – Anatomic and functional outcome.

	Surgery	Postoperative visit	Questionnaire
% (n)	100% (158)	96% (152)	72% (113)
Follow-up, months		14 [1–93]	55 [12–113]
Age, years	69 [39–97]	70 [39–97]	73 [42–99]
BMI, kg/m ²	24 [16–35]		
2° Pelvic organ prolapse	25% (39)	16% (24)	
3° Pelvic organ prolapse	75% (119)	7% (11)	
Cystocele (2 or 3°)	63% (100)	13% (20)	
Uterine or vaginal vault prolapse (2 or 3°)	49% (77)	5% (8)	
Enterocoele (2 or 3°)	28% (45)	7% (10)	
Rectocele (2 or 3°)	45% (71)	3% (4)	
Urinary incontinence	61% (97)		50% (56)
Stress urinary incontinence	47% (74)		28% (32)
Urge urinary incontinence	37% (59)		34% (38)
Symptoms of vaginal protrusion			18% (20)
Gas incontinence			51% (58)
Faecal incontinence			16% (18)
Strain to have a bowel movement			33% (37)
Pain at bowel movement			12% (14)
Pelvic or perineal pain			18% (20)
Pain during intercourse			12% (14)

Conclusions

Despite some pelvic floor symptoms, most women were satisfied after pelvic organ prolapse repair with sacrospinous ligament suspension.

References

- 1 Barber MD, Kuchibhatla MN, Pieper CF, Bump RC. Psychometric evaluation of 2 comprehensive condition-specific quality of life instruments for women with pelvic floor disorders. *Am J Obstet Gynecol* 2001; 185: 1388–95