

## **IS THERE ANY NEED FOR HYSTERECTOMY WHEN TREATING UTERO-VAGINAL PROLAPSE? MODIFIED POSTERIOR INTRAVAGINAL SLINGPLASTY (PIVS): A MINIMALLY INVASIVE TECHNIQUE.**

### **Aims of Study**

To assess the efficacy of Posterior Intra Vaginal Slingplasty (without performing a hysterectomy) for treatment of patients with at least stage II Uterovaginal prolapse.

### **Methods**

59 patients with stage II to stage IV uterovaginal prolapse using the pelvic organ prolapse quantification system (POPQ). All procedures were carried out using a modified version of posterior IVS technique first described by Petros (1) for the treatment of posthysterectomy vaginal vault prolapse. The data was collected prospectively for intraoperative and postoperative complications. Patients were followed up at 4 weeks, 6 months and 12 months, outcome measures were patient's symptoms and the distance of point D (POPQ system) from the hymen, Visual analogue pain scores measured on day 1 and day 7 after the procedure. Patient satisfaction was also measured using visual analogue scale.

5 patients had PIVS alone, 20 patients underwent a concomitant anterior repair, 17 had a posterior repair, 16 both anterior and posterior repair and one patient had a TVT slingplasty for GSI.

### **Results**

The average pre operative measurement to point D from hymenal ring was +1.95cms (range -1to +12cms) The postoperative measurement to point D in the immediate PO period was -9.5cms (range -8 to -12 cms). The average distance to point D at the follow up was 8.4cms (range +1 to -12cms). Median follow up was 6.5 months (range 3-16 months). There were no intraoperative complications, pain scores measured on VAS on day one was 4 (range 0-8) and on day seven was 0.5 (range 0-4). Patient satisfaction measured on VAS was 8.5 (range 0-10). There was only one complete failure and two partial failures involving the anterior compartment. No patient required postoperative catheterisation, there were no post-operative readmissions and to date there have been no mesh erosions. Majority of the procedures were performed as day care with average length of stay of 4.5 hours.

### **Conclusions**

The role of hysterectomy in treatment of uterovaginal prolapse has been questioned by some investigators. This minimally invasive procedure seems to be effective in this short term follow up study. It is also feasible to perform this procedure in most of the patients as a day stay with minimal morbidity. We acknowledge that the follow up is short but the preliminary results presented here are very encouraging. We plan to follow up these patients for at least 5 years to see the medium to long-term results of this technique.

### **References**

Papa Petrod P E. Vault Prolapse: Restoration of dynamic vaginal supports by Infracoccygeal Sacropepy, an axial day-case vaginal proppedure. Int Urogynaecol J (2001) 12:296-303.