

HYSTERECTOMY; IS IT ESSENTIAL FOR THE CORRECTION OF UTERINE PROLAPSE?

Hypothesis / aims of study

Vaginal hysterectomy is considered the treatment of choice for uterine prolapse, despite a dropped uterus is the result and not the cause of genital prolapse. The aim of this study is to compare the efficacy of transvaginal sacrospinous cervicocolpopexy without hysterectomy and with hysterectomy for the correction of symptomatic uterine prolapse.

Study design, materials and methods

A retrospective chart review was performed to identify women who underwent sacrospinous ligament suspension in our institution between 1998 and 2002. 155 women with a symptomatic uterine prolapse were treated with either transvaginal sacrospinous cervicocolpopexy without hysterectomy and anterior-posterior colporrhaphy (83 cases =Group A) or transvaginal sacrospinous ligament colpopexy with hysterectomy and anterior-posterior colporrhaphy(72 cases =Group B). Patients were reviewed at least 12 months after operation. Preoperative patient characteristics, operative and postoperative events and follow-up results were recorded.

Results

The mean age, parity, prolapse grade, body weight, menopausal status and length of follow-up for two groups were no difference. There were 4 intraoperative complications - One rectal wall injury and one bladder laceration in group A and two rectal wall injuries in group B. There were no acute hemorrhage and no deaths. The mean duration of surgery, hemoglobin change, catheter days and inpatient days were shorter in group A compared with group B. (Group A 102.5±33.4(min), 2.4±0.7(mg/dL), 5.2±1.4(day), 7.6±2.2(day) vs Group B 135.3±33.9, 2.9±0.8, 6.1±2.1, 9.4±3.7) Recurrent cystocele developed in 6(7.2%) patients in group A and 4(5.6%) in group B. 6 patient (7.2%) in group A and 5 patient (6.9%) in group B required repeat operation for recurrent pelvic organ prolapse. There was no significant difference between the two groups in postoperative satisfactory result. (92.8% vs 93.1%, respectively p=0.8)

Interpretation of results

Transvaginal cervicocolpopexy without hysterectomy and sacrospinous colpopexy with hysterectomy are equally effective surgical operation for uterine prolapse
Cervicocolpopexy avoids the potential morbidity of hysterectomy and decreases the operation time, blood loss, catheter days and inpatient days.

Concluding message

This study shows that hysterectomy is not essential for the correction of uterine prolapse.

Table 1 Demographics and clinical characteristics

Demographic	With hysterectomy(n=83)	Without hysterectomy(n=72)	P value
Age(y)	60.1±10.4	58.6±8.5	NS
Parity(n)	4.3±1.9	4.2±1.8	NS
Weight(kg)	58.3±7.5	59.3±7.6	NS
Menopause(n)	68(81.9%)	62(86.1%)	NS
Uterine prolapse	2.6±0.9	2.8±0.8	NS
Cystocele	2.8±0.8	2.6±1.1	NS
Rectocele	2.0±1.1	2.2±1.2	NS
Length follow-up(months)	12.8±15.9	15.9±18.3	NS

Data are given as Mean ±SD

Table 2 Perioperative details

Detail	With hysterectomy(n=83)	Without hysterectomy(n=72)	P value
Operative time(min)	102.5±33.4	135.3±33.9	< 0.05
Hemoglobin change(mg/dL)	2.4±0.7	2.9±0.8	< 0.05
Catheter days	5.2±1.4	6.1±2.1	< 0.05
Inpatient days	7.6±2.2	9.4±3.7	< 0.05

Data are given as Mean ±SD

Table 3 Recurrent uterine or pelvic organ prolapse

Leading part of recurrence	Recurrence(n)		Requiring Reoperation(n)	
	Group A (n=83)	Group B (n=72)	Group A(n=83)	Group B(n=72)
Cervix/vault	5(6.0%)	4(5.6%)	4(4.8%)	3(4.2%)
Cystocele	6(7.2%)	4(5.6%)	2(2.4%)	2(2.7%)
Rectocele	1(1.2%)	1(1.4%)	0	0
Total	12(14.5%)	9(12.5%)	6(7.2%)	5(6.9%)