

CONSERVATIVE VERSUS SURGICAL MANAGEMENT OF PROLAPSE: DOES PATIENT CHOICE DEPEND ON SYMPTOM SEVERITY?

Hypothesis / aims of study

There is increasing emphasis on 'symptomatic improvement' as a measure of treatment efficacy in the management of genital prolapse [1]. Until recently, there were no validated symptom-specific questionnaires for evaluation of the symptoms associated with prolapse. To the best of our knowledge, there are no prospective studies describing parameters that are considered by patients when making a decision between conservative and surgical management.

The aim of this study was to identify the symptom severity profile in women with pelvic organ prolapse and to determine to what extent this is involved in patient choice of pessary vs surgery

Study design, materials and methods

Women referred with bothersome prolapse symptoms were seen in the clinic by a member of the urogynaecology team. All women in this study were offered both conservative and surgical management of prolapse.

All women in this study self-completed the Sheffield prolapse symptoms questionnaire *prior* to being seen by a physician. The Sheffield questionnaire elicits responses to twenty-six prolapse related symptoms (general, urinary, bowel, sexual, quality of life), each with its own problem scale. Responses were graded on a four point Likert scale where applicable. A symptom was judged to be 'severe' if the patient complained of it being present 'most', or 'all the time'. Prolapse was noted by the Baden-Walker halfway system. Data was analysed using the SPSS version 11.0. Chi-square tests were used to compare the two groups. P values < 0.05 were regarded as significant.

Results

104 women who attended the gynaecology service with bothersome prolapse were prospectively studied using the Sheffield prolapse symptoms questionnaire. 65 women chose to have surgery (median 55 years (95%CI 52-59) while 39 women opted for pessary reduction of prolapse (median 62 years (95%CI 69-76)).

The general prolapse symptoms, urinary function, bowel function, quality of life issues and sexual function are demonstrated in Tables 1 to 5

Table 1 General prolapse symptoms

Symptom	Pessary (n=39)		Surgery (n=65)		P value
	Affected	Severe	Affected	Severe	
Vaginal lump	85%	62%	86%	69%	NS
Lump protruding	64%	38%	55%	28%	NS
Vaginal soreness	44%	13%	62%	12%	NS
Lower abdominal pain	56%	13%	69%	25%	NS
Backache	66%	31%	85%	34%	P=0.01

Table 2 Urinary symptoms

Symptom	Pessary (n=39)		Surgery (n=65)		P value
	Affected	Severe	Affected	Severe	
Difficulty emptying bladder	72%	38%	77%	38%	NS
Manual reduction to empty bladder	46%	18%	35%	18%	NS
Urgency	79%	36%	86%	34%	NS
Urge incontinence	77%	20%	78%	25%	NS
Stress incontinence	72%	50%	83%	43%	NS

Table 3 Bowel symptoms

Symptom	Pessary (n=39)		Surgery (n=65)		P value
	Affected	Severe	Affected	Severe	
Passive faecal incontinence	33%	5%	18%	0	NS
Incomplete bowel emptying	69%	28%	63%	23%	NS
Rectal digitations	33%	10%	25%	5%	NS
Vaginal digitations	13%	5%	14%	4%	NS
Obstructed defecation	64%	13%	55%	12%	NS
Faecal urgency	56%	13%	48%	11%	NS
Urge faecal incontinence	33%	8%	25%	3%	NS

Table 4 Quality of life issues

Symptom	Pessary (n=39)		Surgery (n=65)		P value
	Affected	Severe	Affected	Severe	
Interference with physical activity	54%	31%	66%	34%	NS
Interference with enjoyment of life	72%	44%	85%	54%	NS

Table 5 Sexual function

Symptom	Pessary (n=39)	Surgery (n=65)	P value
Sexually active	13%	43%	P=0.001
Avoid sex due to prolapse	10%	57%	P=0.00
Problem	8%	80%	P=0.02
Prolapse interferes with sexual satisfaction	5%	70%	P=0.001
Problem	5%	82%	P=0.003

Interpretation of results

Low backache affected significantly more women in the group that subsequently opted for surgery over pessary treatment. There were no significant differences between the groups with respect to urinary, bowel or quality of life symptoms. Women who opted for surgical management of prolapse were more likely to be sexually active. Women who chose surgery had higher levels of avoidance of sexual activity due to prolapse, and perceived genital prolapse as interfering with sexual satisfaction.

Concluding message

Women who opt for prolapse surgery appear to be significantly younger and sexually active. Severity of urinary and bowel symptoms and general quality of life issues do not appear to be major determinants in the decision making process.

References

1. Anterior colporrhaphy: a randomised trial of three surgical techniques. Am J Obstet Gynecol 2001;185:1299-306.