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Riva D<sup>1</sup>, Dati S<sup>2</sup>, Zanni G<sup>3</sup>, Guercio E<sup>4</sup>, Trezza G<sup>5</sup>, Massobrio M<sup>6</sup>, Spreafico L<sup>7</sup>, De Matteis G<sup>8</sup>, De Vita D<sup>9</sup>, Grechi G<sup>10</sup>

1. S.Anna Hospital- Cantù , 2. Polic. Casilino-Roma, 3. Osp. S. Bortolo-Vicenza, 4. O.I.R.M. S.Anna- Torino, 5. Osp. Torre del Greco, 6. Cl. Univ.- Torino, 7. Osp. Montecchio, 8. Osp. F.B.F. - Roma, 9. Osp. Oliveto Citra, 10. Osp. Salesi -Ancona

## POSTERIOR IVS (INFRACCOCCYGEAL SACROPEXY - I.C.S.) IN THE TREATMENT OF THE PROLAPSE OF VAGINAL APEX.

### Hypothesis / aims of study

Vaginal vault suspension both isolated and associated to vaginal hysterectomy deserves some problems not yet completely solved, since the procedures suggested so far present advantages and disadvantages such that a complete agreement in international literature has not been found.

In fact the use of heterologous tapes for trans-abdominal colposacropexy involves complications such as a chronic sinus formation and the rejection of the tape, even if it generally warrants more lasting results. The vault suspension to sacrospinous ligament ( 1) proves to be a complex procedure, it leads to an alteration in physiologic vaginal axis and it is subject to a higher rate of recurrences. Recently the technique of vaginal vault suspension ( level 1) by means of a tape introduced through a pararectal incision and led to cross the plane of levator ani muscles, has been presented, ( infraccocygeal suspension), that seems to sum the advantages of a low invasivity to the respect of pelvic anatomy ( 2-3 )

The aim of the present study, that has involved 14 Italian Uro-gynecological Centres, is to examine the data of the patients followed for at least 6 months after this operation.

### Study design, materials and methods

Patients were recruited since March 2003 through a preoperative protocol-form which includes: general and specific history, micturition diary for 4 days, cough test with a full bladder and both with reduced and extended prolapse, urodynamic assessments according to ICS standard, prolapse classification according to POP-Q, symptom self assessment (VAS), questionnaire for sexual disorders and for quality of life (King's Health Questionnaire). Patients were examined 3 months after the procedure only with a clinical exam, and they repeated pre-operative assessments 6 months after the procedure.

Inclusion criteria were: prolapse of upper site (points C or D) of at least second degree, acceptance of the proposed procedure, age between 35 and 80 years.

Exclusion criteria were: previous pelvic floor procedures, biomaterial/prosthetic material intolerance, obstructed defecation (according to Wexner Score), unbalanced diabetes, neuropathies affecting low urinary tract. The Posterior IVS procedure was performed following the technique described by Fansworth, in general or local-regional (spinal) anesthesia. In presence of clinical S.U.I.or after the prolapse replacement, an anterior I.V.S. procedure was also performed, while cystopexy and/or recto-vaginal septum reconstruction, both through fascial plication, were performed in presence of cystocele and/or rectocele of grade >1°.

Patients were divided into 2 groups, depending on whether the uterus was removed during the same procedure (Group A) or whether it had been previously removed (vault prolapse – Group B). Up to now 255 patients have been recruited. In the present study 80 patients are reported with a follow-up of at least six months, in a Centre where at least 8 procedures had been performed

### Results

50 patients are listed in Group A (uterus in site) and 38 in Group B (only vault prolapse). At the follow-up 8 patients of Group A were lost.

General and intra-operative data are shown in Tab 1:

	Group A	Group B
Age	63.1 ys.	64.9 ys.
Max grade prolapse	2° 10 pat.	7 pat.
	3° 19 pat.	21 pat.
	4° 21 pat.	10 pat.
Hb. decrease	2.1 gr.	1.8 gr.

Urinary retention > 3 days	4 pat.	1 pat.
Hospital stay over 5 <sup>th</sup> day	5 pat.	2 pat.

Other intra and low term post-operative complications were the following:

Group A: tape rejection: 1 case – blood transfusion: 1 case – hyperthermia: 1 case

Group B: pelvic hematoma: 2 cases – blood transfusion: 1 case – hyperthermia: 1 case

The data of the follow-up of the 80 patients are shown in Tab. 2

	Group A- 42 pt Pre-op	Post-op	Group B- 38 pz. Pre-op	Post-op
Lack of intercourse	72%	48%	65.5%	37.8%
F.U. months		8.9		8.0
Prolapse points Aa/ Ba 1°		7 pt.		3 pt.
2°		4 pt.		2 pt.
Point C 1° - 2°		4 pt.		2 pt.
Pollakiuria	81.2%	51.5%	44 %	51.6 %
Nocturia	71.4%	18.7%	55.5 %	16.6 %
S.U.I.	14 pt.	8 pt.	18 pt.	7 pt.
V.A.S.	7.7	1.7	7.2	1.3

### **Interpretation of results**

The Posterior IVS procedure (I.C.S.) is useful both for vaginal vault prolapse and for high degree hysterocele, that suggest the opportunity suspending the vault with a specific technique after performing hysterectomy. Complications occurred were few with 2 cases of blood transfusion, only 1 case of tape rejection and 2 of short lasting hyperthermia; no formation of chronic granulomas or of infected fistulas occurred.

Data regarding anatomical outcome, even if with a short follow-up, seem to be interesting, since only in 6 patients in the two groups a recurrence of vault prolapse of a low/medium degree, asymptomatic, occurred. Even from the functional point of view a decrease of pollakiuria and nocturia, as well as a decrease of dyspareunia, were obtained. The degree of satisfaction of patients was very good, with a significant reduction of subjective disorders. The persistence of S.U.I. was indeed high, even though incontinence in every patient was mild, variable, not requiring other procedures.

### **Concluding message**

Therefore we deem that this multicentric study could show a further therapeutic possibility in the surgical treatment of the prolapse of vaginal apex, waiting for a more lasting follow-up that could supply further indications about anatomical and functional outcomes.

### **References**

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