630

Iskander M[1], Kapoor D[2]
1. Southport and Ormskirk Hospital NHS Trust, 2. Mayday University Hospital

PREFERRED PRACTICE IN THE MANAGEMENT OF VAULT PROLAPSE: RESULTS OF A QUESTIONNAIRE BASED SURVEY

Hypothesis / aims of study

Vaginal vault prolapse is increasingly being diagnosed in the United Kingdom. This is due to an increase in the number of women who underwent hysterectomy in the past decades. Numerous surgical techniques are described for vault prolapse, with varying success rates. However, there is no 'gold standard' in the treatment of this complex problem. Furthermore, studies have shown the incidence of occult stress urinary incontinence to be present in 15-25% of women with genital prolapse. As a result, some authorities have advocated routine urodynamic evaluation in pre-operative management of prolapse.
Our aim was to study the practice patterns in the management of vault prolapse in the United Kingdom.

Study design, materials and methods

1200 Questionnaires were sent to Consultant Gynaecologists and Urologists and responses were elicited about various aspects of clinical practice pertaining to vault prolapse.

Results

611 responses were received over an eight- week period (52%). 6 were urologists (1%) and 99% were gynaecologists. 47% managed less than 5 cases per month of vault prolapse, while 30% managed between 5-10 new cases of vault prolapse per month. Only 7% managed more than 10 cases per month of vault prolapse.

Non-Surgical techniques

For vault prolapse, ring pessaries were used by 96%, shelf pessaries by 89%, and pelvic floor exercises by 87%.

Surgical techniques

While 77% of responders performed anterior and posterior colporrhaphy, sacrospinous fixation was used by 43%, abdominal sacrocolpopexy by 47%, abdominal paravaginal defect repair by 11%, and infracoccygeal colpopexy by just 4% of responders.

Combined surgery for prolapse and urinary incontinence

88% preformed combined prolapse and anti-incontinence surgery at the same sitting. Vaginal route for combined surgery was used by 55% and abdominal procedures were used by 31% of responders. 14% used both routes for surgery.

Urodynamics

Only 32% of responders routinely performed urodynamic studies to rule out occult stress urinary incontinence prior to planned prolapse repairs.

Synthetic mesh

31% of responders had some experience with synthetic mesh in pelvic reconstructive surgery. Of these, prolene mesh was used by 37.3%, pelvicol by 14%, PDS/Ethibond by 10.4%, and marlex mesh by 6.7% of responders.

Preferred management options for vault prolapse

Operative repair was preferred over conservative methods by responders. Of these, abdominal sacrocolpopexy (38%), sacrospinous fixation (34%), anterior and posterior repair (34%) were the commonly opted for techniques, while shelf (22%) and ring pessaries(21%) were less commonly preferred.

Preferred management options for vault prolapse and stress incontinence

When asked about preferred anti-incontinence procedures with concomitant prolapse repair, tension-free vaginal tape (TVT) was preferred by 39%, Burch colposuspension by 33%, and urethral buttress
Kelly repair) by 14%.

Interpretation of results

Surgery was the preferred option over conservative methods for treatment of vault prolapse. TVT and colposuspension were preferred operations for concomitant treatment of stress incontinence

Concluding message

There is wide variation in the surgical techniques used for repair of vault prolapse with or without stress incontinence. This highlights the need for clinical trials to promote evidence based practice in the treatment of this complex problem.

FUNDING: Gynecare