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AMBULATORY PROLAPSE REPAIR: THE PATIENTS' PERSPECTIVE.

Hypothesis / aims of study

Fascial defect repair for rectocele and cystocele has been shown to be effective in the treatment of prolapse at two-year objective follow-up [1]. This prospective observational study set in a tertiary referral centre evaluates the pain experienced by patients during the peri-operative phase, as well as the acceptability of the experience using a standardised patient questionnaire [2,3].

Study design, materials and methods

This was a prospective observational study set in a tertiary urogynaecology unit. Symptomatic women underwent isolated rectocele or cystocele repair under either local (LA: infiltration with 1% xylocaine and 1:200,000 adrenaline), general (GA) or spinal (SA) anaesthesia. After surgery patients were asked to complete a standardised questionnaire. Patients completed a visual analogue scale to assess pain experienced during the operation, in the first 4 hours after the operation and prior to discharge [2]. Acceptability of the procedure was assessed using a standardised questionnaire scoring twelve pairs of bipolar adjectives [3].

Results

Forty three women have been recruited at the time of submission of the abstract; 18 underwent fascial defect repair under LA, 13 under GA and 12 under SA. There were no differences between the two groups in age, BMI, compartment, severity or recurrence of prolapse. There was no difference in operative time, blood loss or complications between the three groups. Women were more likely to receive a vaginal pack in the GA and SA groups compared with the LA group (88%, 60% and 11% respectively). The mean time to discharge were 32 hours, 31.5 hours and 7.5 hours respectively. There were no significant differences in the acceptability of the experience or intra-operative pain scores between the groups. Post-operative pain scores were significantly reduced in the LA group (LA vs spinal: **p=0.0342**, LA vs GA: **p=0.0016**). Pain scores on discharge were significantly reduced in the LA group compared with the SA and GA groups (**p=0.0017** and **p=0.0104** respectively). All 18 women would have the procedure under local anaesthetic again and recommend it to a friend.

Interpretation of results

Fascial defect repair under local anaesthesia is as acceptable to patients as under general and spinal anaesthesia. Women experienced more post-operative pain after spinal and general anaesthesia, which may be attributed to the increased use of a vaginal pack in these groups. Women were discharged home much quicker after local anaesthesia. This improves patient recovery and has important cost implications for hospital trusts.

Concluding message

Fascial defect repair is efficacious and acceptable to patients with low pain scores. Increased use of this technique may reduce the burden on hospital trusts and improve patient recovery.

References

1. Gelman W, Phillips C, Monga A. *Int Urogynecol J*(11): O2, 2000.
2. Cicinelli E, Didonna T, et al. *Br J Obstet Gynaecol* 1997; 104: 316-9.
3. Henshaw RC, Naji SA, Russel IT, Templeton AA. *BMJ* 1993; 307:714-7.