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ABDOMINAL SACRAL COLPOPEXY: AN INDEPENDENT PROSPECTIVE LONG-TERM FOLLOW-UP STUDY

Hypothesis / aims of study

The aim of this study was to evaluate the effectiveness of abdominal sacral colpopexy for the treatment of vaginal vault prolapse.

Study design, materials and methods

A cohort of 148 consecutive women treated by abdominal sacral colpopexy for vaginal vault prolapse from 1998 – 2001 was evaluated. Mean age was 58 years and parity 2.9. Previous surgery for prolapse and/or incontinence was reported by 133 (89.9%) patients. The abdominal sacral colpopexy was performed by a method similar to a recently described technique [1]. The primary outcome measures for success were subjective (no symptoms of prolapse), objective (prolapse at vault < grade 2 Baden-Walker classification) and patient-determined (visual analogue score ≥ 80 out of 100). These criteria are consistent with recently published data [1]. Secondary outcome measures assessed were: complications; sexual dysfunction; prolapse at sites other than the vault and further surgery for prolapse and/or stress urinary incontinence. An independent, non-surgical reviewer carried out the follow-up.
This study was considered a clinical audit and formal ethical approval was not sought.

Results

The mean follow-up period was 3.8 years. Of the 148 subjects, 92 were available for follow-up, 63 returned for review, including examination, and 29 were assessed by telephone interview. The primary outcome measures are reported in table i.

Table i. Primary long-term surgical outcomes for abdominal sacral colpopexy.

Outcome Measure	Failure (%)	Success (%)
Subjective (n=90)	***Yes***	***No***
Symptoms of prolapse	20 (22)	70 (78)
Objective (n=63)	***Yes***	***No***
Vault prolapse ≥ grade 2	2 (3)	61 (97)
Satisfaction with surgery (n=87)	***<80***	***≥80***
Visual analogue score (0-100)	30 (34)	57 (66)

Concurrent surgery included Burch colposuspension in 74 (50%), posterior vaginal repair in 54 (36.5%), hysterectomy in 25 (16.9%) and rectopexy in 11 (7.4%). Intraoperative complications included: 5 (3.4%) bladder injuries; 2 (1.4%) vascular injuries; and 2 (1.4%) bowel injuries. Long-term complications included: 3 (3.3%) mesh erosions; 11 (11.9%) vaginal stenoses; 8 (8.7%) incisional hernae; and 1 (1.1%) vesicocutaneous fistula.
Prolapse of grade ≥2 was present in 21 (33.3%), with 14 (66.6%) of these in the posterior compartment of the vagina. Further surgery for prolapse was reported by 12 (13%) patients and for stress urinary incontinence by 21 (23%). Of women who were sexually active following surgery, 25 of 61 (41 %) reported dyspareunia (before surgery rate of dyspareunia was 36% among sexually active women).

Interpretation of results

Recurrent vault prolapse following abdominal sacral colpopexy is uncommon (3%) and consistent with recent literature [1, 2]. There were 21 cases of recurrent prolapse on examination at this long-term review and another 4 women with grade 0-1 prolapse had undergone further surgery for prolapse. When there was a recurrence, this was present in the posterior compartment in 18 of the 25 cases (72%). This type of recurrence has also been noted by other authors using the laparoscopic approach [3].

Concluding message

Abdominal sacral colpopexy is an effective technique for the management of vaginal vault prolapse, with a two-year successful outcome in excess of 90%. Following surgery, rectocele was common but mesh erosion was uncommon. Dyspareunia was commonly reported before and after abdominal sacral colpopexy.

References

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