

LONG-TERM OUTCOME AFTER ABDOMINAL SACRAL COLPOPEXY

Hypothesis / aims of study

Abdominal sacral colpopexy is a reliable surgical procedure that consistently and effectively resolves vaginal vault prolapse. However data on complications and long term outcome is variable in the current literature. We conducted this study to determine the long-term efficacy and complications of abdominal sacral colpopexy in our institution.

Study design, materials and methods

A retrospective chart review of all patients who underwent abdominal sacral colpopexy from November 1992 until December 2003 was undertaken. Patients were identified from the Urogynecology Department computer database. Each patient had a standard history, physical examination, and a multi channel urodynamic test preoperatively. When objective stress urinary incontinence (SUI) was confirmed, a concomitant incontinence procedure was performed. Follow-up was at 6 weeks, 3, 6, and 12 months and then annually. At each visit, patients were assessed subjectively for prolapse and incontinence symptoms, along with objective prolapse grading, cough test and a uroflow study.

If a concomitant stress incontinence procedure had been performed, a multichannel urodynamic study was performed at the one-year visit. Failures were defined as: re-operation for vaginal apical prolapse or symptoms in the presence of apical prolapse at or beyond the hymeneal ring.

Results

The total number of patients who underwent abdominal sacral colpopexy procedure was 85 with a mean age of 57.9 years (range 32-83years), parity 2.7 (range 0-8), and weight 68 kg (33.7-105.2). Ninety one percent of patients were postmenopausal, and 12 % were smokers. Follow up was available on 67 patients. The mean follow-up period was 2.8 years (range 3 months-10 years), and 54(80%) had at least one-year follow-up while 17 (25%) had follow up more than 5 years.

One patient (1/67) required re-operation for vault prolapse, and none had objective apical vaginal prolapse at or beyond the hymeneal ring; giving a success rate of 98%.

The concomitant stress incontinence procedures in 58/67 (86.6%) were Burch retro pubic urethropexy (32), two team Sling (23), and TVT (3), with success rates at time of the last visit of 70%, 65%, and 100% respectively. The objective urodynamic success rate of the concomitant stress incontinence procedure when performed after previous failed SUI surgery was 70% for the sling operation compared to 66% for Burch urethropexy.

Nine patients did not have a concomitant SUI surgery; the incidence of de novo stress incontinence was 11% in that group. Four patients had concomitant Ripstein procedure for rectal prolapse.

The immediate intra and post operative complications(n=85) were: major haemorrhage > 1.5L in 2.1%, retro pubic haematoma 1%, early voiding dysfunction 5.5%, ileus 4%, and UTI 2.1%. Late complications (n= 67) included: ventral hernia 4 %, and mesh erosion (n=3) 4.4 %, one patient was treated with surgical excision of the mesh, and two were managed conservatively with local hormone treatment.

Interpretation of results

With a mean follow up of 2.8 years, and success rate of 98%; abdominal sacral colpopexy procedure had shown to be a reliable procedure in the treatment of pelvic organ prolapse with no major complications. The common long term complication with this procedure is mesh erosion; we had an incidence of 4.4%, managed predominantly with local hormone treatment. Our results had shown that Tension free vaginal tape and sling operation is superior to Burch retro-pubic urethropexy as a concomitant stress urinary incontinence procedure.

Concluding message

Our data showed that abdominal sacral colpopexy procedure is a safe technique with good Long term results.