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GENITAL PROLAPSE RECURRENCE AND RISK FACTORS ASSOCIATED IN PATIENTS OPERATED OF GENITAL PROLAPSE WITHOUT ANTI-INCONTINENCE TECHNIQUE.

Hypothesis / aims of study

to evaluate the incidence of genital prolapse recurrence after pelvic floor repairing surgery. Secondly, to describe risk factors more frequently associated with genital prolapse recurrence and to state a patient profile to use mesh.

Study design, materials and methods

In this retrospective study, between January 1998 and December 2005, 492 women with genital prolapse but no urinary incontinence underwent vaginal hysterectomy or repairing another pelvic floor defect without using meshes. Each patient was evaluated by anamnesis with specific questions to rule out disorders of inferior urinary tract and bowel; to determinate genital prolapse and affect of quality of live. The classification of prolapses by grade was made using Baden and Walker recomendations. Vaginal hysterectomy, Richter surgery with or without repairing cistocele and rectocele and vaginal cleisis were carried out as technique follow up McCall and Haney points.

We studies the follow characteristics: age, parity, delivery's type, fetal macrosomia, body mass index, concomitant diseases, previous abdominal or pelvic surgy and grade of genital prolapse(</=II, >= III). The patients were evaluated at 1, 6, 12 months and annually to 3 years. Prolapse recurrence was definied like the appearance of genital mass and prolapse grade >= II in exploration with Valsalva's test. To evaluated risk factors associated with recurrence, patients have been divided in two groups: patients that diagnoses prolapse the first time and patients with diagnosis of recurrence.

Basic stadistics analysis was used.

Results

492 women underwent vaginal hysterectomy isolated or associated to repairing pelvic floor defects, in 87,5% of patients with initial prolapse and 78,1% of patients with recurrence.

The cured and recurrence patients median age were similar(64,8 and 64,3 yeras respectively). The overall recurrence genital prolapse incidence eas 6,5% and it was more frecuent in women with 3 o more deliveries (71,8% vs 61,7%), p=0,2484, obesity grade I or II (43,8 % vs 25,8%; 28,15% vs 26,4%), p=0,305 and 0,935 respectively, concomitant disease (44,9% vs 68,8%), p=0,036, antecedent of gynecology surgery with or without anti-incontinence technique(17,9% vs 32%; 6,3% vs 22,85%) p=0,054 y 0,127 and grade of prolapse genital >= III(22,6% vs 34,4%) p=0,51. The 46,9% of recurrence was before 6 months.The more of patients were asymptomatic and 21,9% were re-operated.

Interpretation of results

The more risk of recurrence was in patients with 3 o more deliveries, obesity, concomitants diseases and previous surgyy. This patients were candidate to use mesh.

Concluding message

Genital prolapse associated to two or more factors have a high of recurrence then, this patients have been candidate to use mesh in pelvic floor surgery.

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HUMAN SUBJECTS: This study was approved by the From the university hospital, Madrid, Spain and followed the Declaration of Helsinki Informed consent was obtained from the patients.