

SACROSPINOUS LIGAMENT FIXATION AND PELVIC FLOOR REPAIR (1 YEAR FOLLOW-UP)

Hypothesis / aims of study

The aim of this study is to evaluate the outcome of Sacrospinous ligament Fixation (SSF) in the treatment of vault prolapse and severe uterovaginal prolapse.

Study design, materials and methods

It is a retrospective study on 272 patients who underwent SSF from 1st January 2001 till 31st Dec 2004. Only 177 patients came for one year follow up. The defaulter rate was 34.9%. All patients were examined by the same urogynaecologist. All defects were documented. The uterovaginal defects were classified using Baden and Walker classification. The data was analysed based on the 177 patients who turned up for the one year follow up. The average age was 62 years (range 42 to 83). The median parity was 4 (range from 1 to 14). The average body mass index was 24 kg/m² (range from 15 to 36). One hundred and fifty five patients (87.6%) were menopausal. Forty patients (22.6%) had previous hysterectomies where 25 had vaginal hysterectomy and 15 had abdominal hysterectomy. Eighty-two patients had grade 3 uterine prolapse while 55 patients had grade 4 uterine prolapse. Forty patients had vault prolapse ; 12 with grade 2, 9 with grade 3 and 19 with grade 4 vault prolapse. SSF were performed in all 177 patients. Vaginal hysterectomy was done in 137 patients. One hundred and sixty four patients had anterior repair whilst 171 patients had posterior repair. Anterior mesh was inserted in 82 patients while 3 patients had posterior mesh. Tension-free vaginal tape (TVT) and TVT -0 were done on 40 and 3 patients respectively. Prolene was used in 17 patients (9.6%) while 160 patients (90.4%) had ethibond.

Results

The 1 year cure rates were 95% for vault descent, 95.6% for severe uterovaginal descent, 76.2% for cystourethrocele and 95.9% for rectocele. The recurrence of cystocele was mainly grade 2 (19.5%). Recurrence of grade 3 and 4 cystocele were 2.4% and 1.8 % respectively. During the one year follow up, there were 2 patients with Grade 1 cystocele preoperatively presented with grade 2 cystocele and 1 patient with grade 1 cystocele preoperatively had grade 4 cystocele at 1 year. All three patients had no anterior repair. Recurrence of grade 2 rectocele and 4 rectocele was 3.5% and 0.6% respectively. For severe uterine prolapse; the recurrence for grade 4 was 4.4%. In vault prolapse, the recurrence rate for grade 2 and 4 was 2.5% each. The rate of suture erosion was 4.5% (8 patients). All these patients had ethibond suture. The average duration of surgery was 72 minutes (range 20 to 240 minutes). The average blood loss was 76 mls (range 10 to 700 mls). The mean duration of hospital stay was 4 days (range 2 to 16). Forty-four patients (25%) had right buttock pain after SSF and lasted on average of 7 days (range 2 to 30 days). Seventeen patients (9.6%) developed postoperative fever while 4 (2.3%) had urinary tract infection. One patient (0.6%) had rectal injury during procedure.

Interpretation of results

The cure rates of SSF for severe uterovaginal prolapse and vault was very good ie 95.6% and 95% respectively. The complication rates were low ie 4.6% for mesh erosion and 0.6% for rectal injury. Hence it is a good operation with few complications to prevent or treat vault prolapse. Unfortunately, the recurrent rate for cystourethrocele was high (23.8%). This is because SSF pulls the vault posteriorly and hence increased the risk of cystourethrocele. Fortunately, most of these recurrences were only grade 2 cystourethrocele.

Concluding message

SSF is a safe procedure with excellent one year cure rates in women with severe uterovaginal and vault prolapse. It should be recommended for all patients with severe uterovaginal and vault prolapse.

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HUMAN SUBJECTS: This study was approved by the KK Ethics Committee and followed the Declaration of Helsinki Informed consent was obtained from the patients.