



ABSTRACT

The prevalence and the severity of pelvic organ prolapsed is increasing with age [1]. The global increase in longevity all around the world make the management of POP in elderly women a real public health challenge. The specificities of this population are diseases associated with their POP and sometimes financial, social and psychological precariousness especially in developing countries. The treatment of pelvic organ prolapsed (POP) in the elderly woman is still flowing in the medical press. The majority of teams are divided between surgery and non-surgical procedures such as pessary. Surgery has always been the subject of controversy among the elderly because of the high complication rate. Conservative procedures are preferred. The aim of this study is to show that vaginal surgery can be a good choice to treat POP in elderly women. Intraoperative and postoperative complication can be avoided by the good patient selection and a good surgical indication.

METHODS

We report a series of 77 women older than 70 years operated over a period of 8 years from January 2009 until September 2017. In the same period, 267 women underwent a vaginal reconstructive surgery for POP. The patients age, medical history, the initial reported symptom, the POP's classification (Baden and Walker classification was used), the association with urinary incontinence, the type of surgical procedure, the occurrence of intra or postoperative complications, the satisfaction of patients and the operating time were reported. Before they leave hospital, all patients were asked about their satisfaction degree.

Diseases	n
Without medical history	27
Diabetes	14
Hypertension or high blood pressure	26
Diabetes + high blood pressure	8
High blood pressure + ischemic cardiopathy	1
Ischemic cardiopathy	1

Table 1: medical histories of the studied population

RESULTS

The prevalence of pelvic organ prolapse varies between 2.9 and 11.4 % in questionnaire-based studies and from 31.8 to 97.7 % according to the ICS Pelvic Organ Prolapse Classification (POPQ). Conservative procedure such pessary is preferred to surgical management in older patients with high risk due to medical status [2]. This alternative is not out of complication. Many complications were reported in several publications such as vaginal erosion, patient discomfort and vaginal infection. In addition, the high cost of the pessary, the fact that it is not covered by health insurance, the frequent illiteracy of this population and sometimes the lack of medical follow-up make this alternative an expensive and temporary procedure. All these arguments make the surgical treatment the gold standard of the management of the POP in older women in our country.

We report a series of 77 patients older than 70 years and presenting a POP. They underwent a vaginal reconstructive surgery. No intra operative complication was reported. Two cases were complicated postoperatively (a hematoma and a pulmonary embolism). The mean surgical time was 65 minutes. All patients were operated under loco regional anesthesia and in one case a conversion to a general anesthesia was needed. The mean hospital stay was 48 hours in 76 cases. All patients noted their satisfaction after surgery. This study shows that surgery is a safe way to treat POP in elderly women especially if conservative device (pessary) is not within the reach of all women.

This study shows an insignificant complication rate. No deaths were noted. The only major complication was pulmonary embolism. Comparing between complication rates after vaginal reconstructive surgery for POP in two populations (older than 70 years women and young women) many authors reported similar results.

CONCLUSIONS

The management of POP in patients older than 70 years is a real challenge because of their medical, social and financial conditions. Pessary can be a good choice but in Tunisia it is considered as an expensive and temporary procedure. Vaginal reconstructive surgery is the gold standard in our country to treat POP after 70 years because of the simplicity of the surgical procedure, the low complication rate, the short hospital stay and the patient satisfaction.

REFERENCES

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