

A Qualitative Study of Women's Values and Decision-Making Surrounding LeFort Colpocleisis

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Purpose

To understand the decision-making process and post-procedure feelings of regret in patients who undergo surgical vaginal obliterative procedures for pelvic organ prolapse, specifically LeFort colpocleisis.

Background

LeFort colpocleisis is one surgical option used in the management of pelvic organ prolapse. The Urogynaecology Division at Mount Sinai Hospital performs 10-15 LeFort procedures per year.

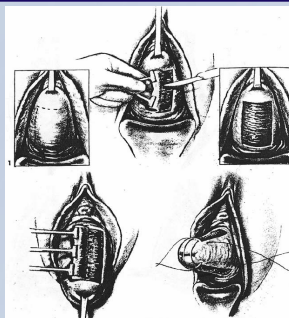
It is an obliterative procedure that is performed on women with prolapse (who usually still have a uterus) who may not be candidates for hysterectomy or a procedure involving mesh due to other medical co-morbidities or patient desire.

Patients must be willing to accept the fact they will no longer be able to have penetrative vaginal intercourse.

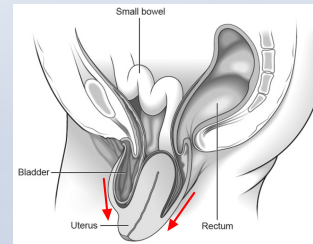
Methods

Semi-structured interviews with 10 women who had a LeFort colpocleisis in the two years prior. There were 27 women who had the procedure but 17 were unable to be interviewed because of language barriers, dementia or death since surgery.

Interviews were recorded, transcribed and analyzed using Grounded Theory to develop themes around decision-making and feelings of regret after the procedure. Themes reached saturation after 7-8 women were interviewed but interviews continued until 10 were completed.



Technique for LeFort colpocleisis



Findings

- Women ranged in age from 72 to 85 years old
- Symptoms of prolapse were present from 3-25 years prior to the surgery
- About half of the women had previously used a pessary for management of their prolapse

Reasons for having procedure

- Half of the women mentioned that they wanted the least invasive procedure
- Many did not feel normal having a prolapse and felt it was uncomfortable
- Two women said they would have had a hysterectomy if this procedure was not available, the rest said they would not have had a more invasive procedure

Sexual activity

- More than half the patients either had no partner or had a partner with medical issues and were not sexually active for those reasons
- None of the patients expressed regret for the procedure on the basis of the inability to have sexual intercourse

Decision-making

- The vast majority of patients made the decision on their own
- A few were influenced by their family physician or their surgeon
- Partner influence was limited, and only impacted decision when sexual activity was no longer present

Regret

- One patient expressed regret on the basis of de novo urinary urgency (a known complication of the procedure)
- All patients said they would make the same decision to have surgery again and that it was the best decision for them for management of their prolapse

Summary and Implications

Women who underwent LeFort colpocleisis were generally very happy with their decision. They primarily made the decision to have surgery themselves but also felt influenced by their physician, family members and partner. None of them regretted having an obliterative procedure for pelvic organ prolapse for reasons of sexual function.

This results of this study can be used to be in the counselling and management of women who are candidates for this procedure.

Clinicians can reassure patients that the vast majority of women are happy with their decision to undergo LeFort colpocleisis and rarely experience regret.

Clinicians can also be reassured that taking a patient-centred approach to consultation and pre-operative appointments will allow these women to make the decision to have a LeFort colpocleisis with confidence.