

LONG TERM FOLLOW-UP OF EIGHTY TWO CONSECUTIVE CASES OF WOMEN WHO UNDERWENT RECONSTRUCTIVE SURGERY WITH UTERUS PRESERVATION.

Hypothesis / aims of study

Uterine prolapse is the result rather than the cause of pelvic organ prolapse therefore uterine preservation is an attractive option for women presenting with uterovaginal prolapse. Furthermore In many cases elongation of the uterine cervix may be interpreted as uterine prolapse. Sparing the prolapsed uterus in POP reconstructive surgery reduces operation time, morbidity, complications, postoperative recovery time and may improve surgical long-term outcome. The objective of the study was to evaluate the long term results of pelvic floor reconstructive surgery for POP with uterus preservation in patients with mild uterine prolapsed and cervical elongation.

Study design, materials and methods

Eighty two consecutive women with cervical elongation and moderate uterine prolapsed were enrolled. All patients underwent a conservative surgical approach consists of cervical amputation with fixation of the cardinal ligaments to the cervical stump, anterior and posterior colporrhaphies and TVT were add as needed. The study has two parts, retrospective and prospective. The retrospective part consisted of chart review for data collection, in the prospective part women were evaluated in the clinic (6 months to 8 years post operatively) for clinical evaluation - objective (Lower urinary tract dysfunction, recurrence) and subjective with a structured symptom questionnaire (General health, QOL, sexual function, and general satisfaction)

Results

Eighty two patients were included in this study, mean age 58.2 (± 14.3) mean parity 4.2 (± 2.9). Mean follow-up time 2.5 years (six months to eight years). All had cervical amputation and most patients had additional procedures. 70 patients (80.5%) had cystocele repair (Midline plication in 54 patients and mesh in 16 patients), 18 patients (20.7%) had rectocele repair (Site-specific in 13 patients and mesh in 3 patients). TVT for GSI was done in 17 patients (19.3%).

55 patients were available for the prospective evaluation, no patient had recurrent uterine prolapsed. Cystocele was found in 12 patients (22.6%) and rectocele in 13 patients (24.5%). 88.8% of patients were satisfied with the procedure.

Interpretation of results

Elongation of the uterine cervix may be interpreted as uterine prolapsed. Patients with mild to moderate uterine prolapsed and cervical elongation may benefit from a conservative surgical approach like cervical amputation and plication of vaginal walls This study presents excellent long term results to this approach in terms of recurrent apical prolapsed and patient's satisfaction

Concluding message

The traditional approach of vaginal hysterectomy for pelvic organ prolapsed should be replaced in selected cases with a more conservative approach for the physical and psychological benefits of the patients.

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| <i>Specify source of funding or grant</i> | No |
| <i>Is this a clinical trial?</i> | Yes |
| <i>Is this study registered in a public clinical trials registry?</i> | No |
| <i>What were the subjects in the study?</i> | HUMAN |
| <i>Was this study approved by an ethics committee?</i> | Yes |
| <i>Specify Name of Ethics Committee</i> | The Ethics Committee of Hadassah Medical Center Jerusalem, Israel |
| <i>Was the Declaration of Helsinki followed?</i> | Yes |
| <i>Was informed consent obtained from the patients?</i> | Yes |