

ISOLATED POSTERIOR PELVIC ORGAN PROLAPSE: WHAT CLINICAL OR URODYNAMIC FINDINGS DRIVE PATIENTS TO SEEK SURGICAL CORRECTION?

Hypothesis / aims of study

It is uncommon to have isolated posterior compartment defects in women with pelvic organ prolapse. The aim of this study was to investigate if symptoms, physical exam (PE) findings, or urodynamic (UDS) evaluation were associated with the desire to pursue surgical correction of isolated posterior pelvic organ prolapse (I-PPOP).

Study design, materials and methods

We retrospectively reviewed a database of 1003 patients (pts) with lower urinary tract symptoms (LUTS) and/or voiding dysfunction that were evaluated from 1999 to 2006. Forty-five women with I-PPOP were identified and included in the study. Symptoms of prolapse, LUTS, and quality of life were evaluated using the 13 items of the validated Prolapse Symptom Inventory and Quality-of-Life Questionnaire (PSI-QOL). Patient history, PE findings, postvoid residual volume (PVR), and UDS evaluation were also reviewed. UDS evidence of bladder outlet obstruction (BOO) was defined as a maximum flow (Qmax) \leq 12ml/sec plus a detrusor pressure at Qmax (pDetQmax) $>$ 20cmH₂O or those that were not able to void on UDS. Pts were then classified into two groups for comparison: those with I-PPOP who desired surgical repair and those with I-PPOP who did not desire repair.

Results

Of the 45 patients included in the study, 14 patients desired surgery (mean age=61.35) and 31 patients (mean age=60.23) did not want surgery. The mean PSI-QOL (range 0-52) was higher in the group that desired surgery (22+/-2) when compared with those that did not want surgery (19+/-6) (p=0.019). Evidence of stress urinary incontinence (SUI) on physical exam was not different between the two groups (29% vs. 23%; Fisher p=0.712). Amongst those patients with Grade III prolapse, 71% desired correction (Fisher p=0.0002). However, only 13% of those with Grade II prolapse wanted surgery (Fisher p=0.0002). None of the urodynamic parameters measured (including PVR>150ml, maximum cystometric capacity, detrusor overactivity (DO), DO with leakage, urodynamic evidence of SUI, abdominal straining, pDetQmax>20cmH₂O, Qmax<12ml/sec, inability to void, and BOO) were significantly different between the two groups.

Interpretation of results

The severity of the symptoms and the effect on their quality of life were the key determinants based on which patients decided whether or not to have surgical corrections. Severity of rectocele was also a risk factor in determining surgery with a significant increase in surgery for those patients with evidence of $>$ GII posterior prolapse. Evidence of stress urinary incontinence on examination and urodynamic parameters were not significantly different between patients who opted for surgery and patients who deferred.

Concluding message

Women with I-PPOP who sought surgical correction were more symptomatic and had a lower quality of life on PSI-QOL. In addition, they had a greater degree of rectocele on PE. Evidence of stress incontinence and UDS parameters were not significantly different among the two study groups and do not predict which patients seek surgical treatment.

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<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>	Institutional Review Board
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes