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OPEN SACROCOLPOPEXY AND RECTOPEXY FOR ADVANCED PELVIC ORGAN & RECTAL PROLAPSE WITH TVT OR TVTO: RESULTS AND COMPLICATIONS

Hypothesis / aims of study

Pelvic Organ Prolapse necessitating operative intervention in a womenn's lifetime approaches 10-12 percent. Corequisite Rectal Prolapse is less commonly encountered and repaired by Pelvic Floor Surgeons. We discuss our results and complications when open Sacrocolpopexy (SCP) is concomitantly performed with open Rectopexy (RP) utilizing standard grade Polyprophylene mesh interposition and with TVT/TVTO.

Study design, materials and methods

Retrospective review of surgical charts. Between Octover 2001 and January 2008 we have performed 246 open SCP and 19 with concomitant RP and/or TVT/TVTO . All patients underwent a comprehensive history and physical examination (ICS POP scores) with multichannel urodynamics or videourodynamics. Assessment with UDI-6 IIQ-7 & PFDI-20 were performed at each subsequent encounter. All patients had Stage 2 ICS POP score in two or more pelvic compartments with Stage two or more rectal prolapse. Patients with fecal incontinence underwent anal manometry and rectal ultrasoundography and were excluded and not treated in this manner. All operations were performed under general anesthetic with Allen stirrups and hospitalized for a minimum of 48 hours then discharged. We evaluated at 6 weeks , 6, 12 & 24 months and between May –November 2008 for recurrent pelvic, rectal prolapse, stress & urge incontinence, mesh exposure and bowel complications. Failure was defined as recurrent Stage 2 or more pelvic organ or rectal prolapse.

Results

With a mean follow-up of 48.8± 16.7 months and a mean age of 60.3± 11.9 years . There were 4/19 (21 percent) recurrent Grade 2 cystoceles, 0/19 recurrent vault prolapse, 5/19 (26 percent) recurrent rectoceles and 3/19 (16 percent) rectal prolapses. There was a 89 percent success in treatment of stress incontinence and 11 percent de novo urgency. Mesh exposure was 1/19 (5 percent, posterior compartment). UDI-6, IIQ-7 and PFDI all improved statistically significantly ($P<0.001$). There was two patient episodes of bowel obstruction at 22 and 31 months of follow-up both treated with uncomplicated open lysis of adhesions. There were 2 patients (16 and 20 months follow-up) with new onset Grade 1 fecal incontinence subsequently treated with rectal/sigmoid resection by a colorectal surgeon. There were no hospital readmissions within 90 days of discharge.

Interpretation of results

Combined Sacrocolpopexy and Rectopexy with TVT or TVTO does successfully treat combined pelvic organ prolapse, rectal prolapse and stress incontinence with minimal operative morbidity. There were also obtained statistically significant improvements in urinary and pelvic floor quality of life measurements.

Concluding message

Sacrocolpopexy, Rectopexy and TVT/TVTO can be performed concomitantly by pelvic floor surgeons with good anatomical results and minimal operative morbidity.

Specify source of funding or grant	None
Is this a clinical trial?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	No
This study did not require eithics committee approval because	No
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes