Laparoscopic colposacropexy: a safe approach in elderly patients.

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Introduction

The population aging means that the incidence of patients with prolapse has increased in recent years. Vaginal surgery has been traditionally favored in these patients due to a shorter surgical time, a shorter stay and less invasiveness. There is not enough literature of the results of the laparoscopic approach in these patients, having the perception of greater safety and tolerability for the vaginal approach.

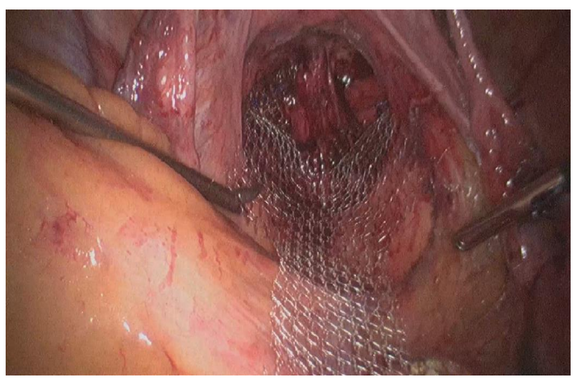
Methods and Materials

We selected patients > 75 years from the prospective base of 217 laparoscopic Colposacropexy operated in the Urology Department of our center from May 2012 to May 2018.
Retrospective analysis of demographic, diagnostic, symptomatological and surgical complications was performed. The Clavien Dindo (CD) and ICS-IUGA classification was used for postoperative complications. Complications rates between >75 and <75 were analysed with Chi2 pearson test.

Results

AGE	2012	2013	2014	2015	2016	2017	2018	n
<50	0 (0%)	3 (7,69%)	2 (5,13%)	1 (2.5%)	0 (0%)	2 (6,25%)	1 (5,88%)	
50-54	0 (0%)	0 (0%)	0 (0%)	2 (5%)	3 (6.97%)	1 (3,12%)	0 (0%)	
55-59	0 (0%)	2 (5,13%)	3 (7,69%)	1 (2.5%)	7 (16.27%)	4 (12,50%)	2 (11,76%)	163
60-64	2 (28,57%)	5 (12,82%)	4 (10,26%)	7 (22.5 %)	6 (13,95%)	4 (12,50%)	4 (23,52%)	
65-69	3 (42,86%)	13 (33,33%)	10 (25,64%)	11 (27.5%)	10 (23,25%)	8 (25,00%)	1 (5,88%)	
70-74	2 (28,57%)	8 (20,51%)	7 (17,95%)	8 (20%)	9 (20,93%)	4 (12,50%)	3 (17,64%)	
75-79	**0 (0%)**	**7 (17,95%)**	**10 (25,64%)**	**6 (15%)**	**6 (13,95%)**	**7 (21,87%)**	**3 (17,64%)**	39
>80	**0 (0%)**	**1 (2,56%)**	**3 (7,69%)**	**4 (10%)**	**2 (4,65%)**	**2 (6,25%)**	**3 (17,64%)**	15
total	7 (100%)	39 (100%)	39 (100%)	40 (100%)	43 (100%)	32 (100%)	17 (100%)	217

Table 1. Surgical indication is similar according to age.



Demographic	TOTAL	<75	75-80	>80
Age (median range)	68 (30-88)	66 (30-74)	76 (75/79)	82 (80-88)
BMI (median range)	25,6 (16.6-17.3)	25,4 (17,3-33,9)	27,5 (21,3-31,6)	23,3 (20-29)
Gestations(median range)	3 (0-8)	3 (0-7)	3 (0-8)	3 (0-4)
Hypertension	53,9% (117/217)	46.1% (77/163)	**74,4% (29/39)**	**73,3% (11/15)**
Diabetes	21,2% (23/217	19,8% (33/163)	23,1% (9/39)	26,7% (4/15)
Dyslipemia	36,9% (80/217)	33,5% (56/163)	41% (16/39)	53,3% (8/15)
Cardiovasular disease	10,1% (22/217)	7,8% (7/163)	12,8% (5/39)	**26,7% (4/15)**
Respiratory disease	10,6% (23/217)	9% (15/163)	10,3% (4/39)	**26,7% (4/15)**
Prior Surgery Pelvic Prolapse	18,4% (40/217)	16,8% (28/163)	23,1% (9/39)	20% (3/15)
Anticoagulant	4,6% (10/217)	3% (5/163)	5,1% (2/39)	**20% (3/15)**
Platelet antiaggregate	18% (39/217)	14,4% (24/163)	**25,6% (10/39)**	**33% (5/15)**

Table 2. No differences found p<0,05

Laparoscopic Colposacropexy	TOTAL	<75	75-80	>80
Time (median range)	160 min(90-360)	180 min(90-360)	150 min(90-300)	120 min(90-300)
Days Hospit (median range)	3 days (2-13)	3 days (2-13)	3 days (2-9)	3 days (2-4)
Days Urinary Cateter (median range)	2 days (1-10)	2 days (1-10)	2 days (2-10)	2 days (0-3)
Conversion	0%	0%	0%	0%

Table 3. No differences found p<0,05

COMPLICATIONS		TOTAL	<75 AÑOS	75-80	>80
INTRAOPERATIVE	ICS-IUGA	1.8%(3/21)	0,6%(1/163)	5,1%(2/39)	0
Bladder perforation	4AT1S5	1	0	1	0
Vaginal perforation	2AaT1S5	1	0	1	0
Bowel perforation	5AT1S5	1	1	0	0
POSTOPERATIVE					
CD I		2,3%(5/217)	1,8%(3/163)	5,1%(2/39)	0
Vaginal Bleeding	1BT2S2	2	1	1	
Constipation		3	2	1	
CDII		**9,2%(20/217)**	9,8%(16/136)	7,6%(3/39)	13,3%(2/15)
UTIs	4BeT2	12	10	2	
Haematomas	7AT2S5	5	4	1	1
Wound Infection	6CT2S3	2	1		1
Deep-vein thrombosis	6BT2S4	1	1		
CDIII		1,8%(4/217)	1,2%(2/163)	5,1%(2/39)	
Anaphylactic Shock	7BT1S0	1		1	
Ureteral Fistula	4CT2S5	1		1	
Bowel obstruction	5CT2S5	1	1		
Eventration	5CT2S3	1	1		
IV		0%			
V		0%			

Table 4. No differences found p<0,05

Conclusions

Our data show that laparoscopic colposacropexy in patients >75 years has an acceptable safety profile with a short hospital stay and an acceptable surgical time, providing in these patients the benefits of abdominal mesh placement in terms of recurrence compared to surgery without mesh and of extrusion compared to vaginal mesh surgery.