

OUTCOMES AND PATIENT SATISFACTION IN WOMEN UNDERGOING THREE DIFFERENT OPERATING TECHNIQUES FOR PELVIC ORGAN PROLAPSE – A PILOT STUDY

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Background

- There are different methods for surgical management of pelvic organ prolapse. Surgical treatment includes vaginal native tissue repair, vaginal augmentation with mesh, and laparoscopic approach.
- The aim of this pilot study was to compare outcomes and patient satisfaction between three different operating techniques (vaginal native tissue repair, vaginal augmentation with mesh and laparoscopic lateral suspension with mesh in a single hospital centre).

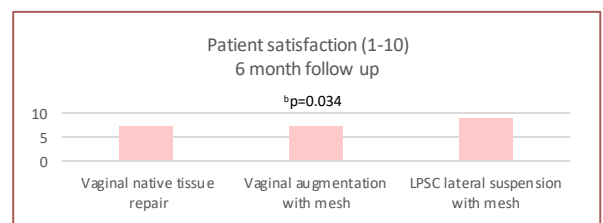
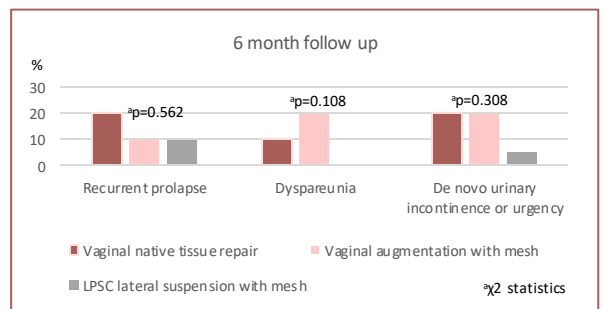
Material & Methods

- A retrospective cohort study included total of 60 women who underwent surgery for apical and anterior prolapse divided into three equal groups according to operating technique used
- Data collected included baseline patients characteristic, intra and perioperative variables (operative time, hospital stay, haemorrhage, wound infection, urinary complications) and six month follow up outcomes (recurrent prolapse, dyspareunia, de novo urinary incontinence or urgency, patient satisfaction calculated on scale 1-10).

Results

	Vaginal native tissue repair (N=20)	Vaginal augmentation with mesh (N=20)	LPSC lateral suspension with mesh (N=20)	P ^b value
Age (years)	65.2 ±10.5	69.4±7.5	46.6±4.2	0.002 ^b
BMI (kg/m ²)	27 ±3.2	28.6 ±4.1	25.1 ±2.7	0.834 ^b
Menopause (%)	100	100	50	<0.001 ^c
Prior surgery (%)	10	70	5	<0.001 ^c
Operative time (min)	47'±15'	58'±11'	95'±20'	<0.001 ^b
Hospital stay (days)	7.2±0.5	5.6±1.2	3.4±1.3	<0.001 ^b
(Significant) Haemorrhage (%)	5	20	5	0.189 ^c
Wound infection (%)	10	10	0	0.343 ^c
Urinary complications (%)	20	25	5	0.210 ^c

Data presented as means (±standard deviation) or percentages
^bANOVA, ^cχ² statistics
 BMI - body mass index



Conclusion

- no difference is found in complication rates and short-term outcomes between three different surgical techniques for apical and anterior prolapse
- shorter hospital stay as well as higher overall satisfaction confirms laparoscopic lateral suspension as a promising endoscopic prolapse surgery technique
- future prospective studies with larger sample sizes demonstrating the long-term outcomes are warranted to confirm these conclusions.