ASSESSMENT OF LAPAROSCOPIC SACROCOLPOPEXY FOR SYMPTOMATIC PROLAPSE

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Objective:

To assess the short and medium term outcome of surgery after implementing a service to provide laparoscopic sacrocolpopexy for patients with symptomatic apical prolapse.

Background:

Laparoscopic sacrocolpopexy is considered the "Gold Standard" for the treatment of recurrent prolapse, especially in the wake of concerns over vaginal mesh[1]. However a significant learning curve is recognized to develop such a service. We present a retrospective review of patients having laparoscopic sacrocolpopexy over the period between March 2011 and October 2012. The local R&D department was consulted. They classed this as an evaluation of a new service and felt ethical approval was not required.

Methods:

The case notes of all women who had received a laparoscopic sacrocolpopexy were reviewed. All patients were routinely seen and examined 3 months following surgery. Patients were then contacted 12 months following surgery and symptoms and satisfaction scores assessed from departmental questionnaires.[2]

Results:

Of the 36 women, 32 had laparoscopic sacrocolpopexy (11 with concomitant ventral mesh rectopexy [VMR]) and 4 had sacrohysteropexy (2 with concomitant VMR). The results of women with concomitant VMR are presented in another paper. This paper addresses those women having sacrocolpopexy or hysteropexy alone. The mean age was 62.2 [SD 10.7], mean BMI was 26 [SD 3.5] and mean parity 2.4 [1.07]. 11 (48%) had had no previous prolapse surgery, 3 (13%) had had a previous vaginal hysterectomy and 9 (39%) had had 2 or more previous surgeries for prolapse. One case was for prolapse following gender reassignment.

At the time of submission, 22/23 patients had been followed up 3 months following surgery. A significant improvement in Baden Walker score was seen in all compartments.

	ANTERIOR	APICAL	POSTERIOR

	preop	postop	preop	postop	preop	postop
Grade 0	3	18	0	21	11	22
Grade 1	0	3	4	1	2	0
Grade 2	6	1	13	0	2	0
Grade 3	13	0	5	0	7	0
P value paired t-test	P<0.0001		P<0.0001		P=0.0004	

At the time of submission 18/23 women had been contacted for a 12-month telephone review. A significant improvement in symptoms of prolapse was seen ($p<0.0001$) but no significant improvement was seen in urinary or bowel symptoms. On Patient Global Impression (PGI-I): 11(61%) were "Very much improved", 3 (17%) "Much improved" and 4 (22%) "Improved".
No patient was "The same", Worse", "Much worse" or "Very much worse".

A learning curve was seen. The mean operating time reduced from 171 minutes for the first 3 cases [SD 12.7] to 106 minutes for the last 3 cases [SD 24.6].
Complications were rare and minor: no major haemorrhages or returns to theatre. One post op UTI, one minor wound infection, 2 women had subsequent procedures for de novo stress incontinence. One had a further anterior fascial defect repair for symptomatic cystocoele and 2 had a day case procedure for a small mesh erosion at the vault.

Conclusions:

We accept limitations in this evaluation include lack of standardized evaluation forms other than the PGI-I scoring which is validated for prolapse[2]. However this retrospective review demonstrates that laparoscopic sacrocolpopexy can be introduced safely with good short and medium term results and few minor complications. We recognize the importance of evaluating practices especially after the introduction of a new procedure. Our results and learning curve are comparable to those in other tertiary urogynaecology units[3]. We will continue to audit our results and have introduced validated ICIQ- VAS assessment for all women undergoing prolapse surgery.

References:

1. International Urogynecology Journal 2012: 1: 1-8.
2. International Urogynecology Journal 2010: 21: 523-528
3. BJOG, 2005: 112: 1134-38.