

BSUG Survey of the Management of Pelvic Organ Prolapse in the Elderly, Sexually inactive Women



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Introduction

Prolapse occurs in 37% of women >80 years ⁽¹⁾. There are widespread variations in practice in management of prolapse in the UK ⁽²⁾.

Methods

An online questionnaire survey was sent to BSUG members, to assess practice in the management of pelvic organ prolapse in elderly sexually-inactive women, in particular colpocleisis and pessary.

Results

We received 73 responses, 33.3% from tertiary units and 66.7% from secondary units.

Mean number of sexually-inactive patients reviewed for pessary treatment was 31 patients/month (95% CI 23.41-38.49), while mean number of pelvic floor repairs was 6/month (95% CI 4.16-7.83).

Forty-one (56%) respondents performed 1 or more colpocleisis/month. Thirty-two (44%) consultants did not offer colpocleisis, 12 due to reasons such as lack of experience/training, 10 expressed negative reasons such as it being an outdated procedure, and 10 gave no reasons.

For respondents with over 5 years' experience, more specialists performed colpocleisis compared to subspecialists (52.6% vs 26.3%). For those with less than 5 years' experience, 7.9% performed colpocleisis.

Among those who performed colpocleisis, 34.2% worked in tertiary units and 65.8% worked in secondary care, while those who did not perform colpocleisis, 32.3% worked in tertiary units while 67.8% worked in secondary care.

65.2% and 61.9% of those working in tertiary units and secondary care respectively were in equipoise regarding randomisation to vaginal surgery or pessary treatment.

52.2% and 52.4% of those working in tertiary units and secondary care respectively were in equipoise regarding randomisation to colpocleisis or pessary treatment.

38% provided their emails and wished to take part in future research.

Conclusions

The majority of respondents regularly perform the colpocleisis procedure, typically special interest urogynaecologists working in secondary care hospitals. The level of experience was similar across those who did and did not perform colpocleisis.

References

1. Morley GW 1996. Treatment of uterine and vaginal prolapse. *Obstet Gynecol* 39:959-69.
2. Swati Jha and Paul A Moran 2007. National Survey on the Management of Prolapse in the UK. *Neurourology and Urodynamics* 26:325-331.