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COLPOCLEISIS AND CONCURRENT MIDURETHRAL TENSION-FREE SLINGS FOR ADVANCED PROLAPSE. PROSPECTIVE CASE-SERIES.

Hypothesis / aims of study
Colpocleisis and total colpectomy are techniques complicated by a risk of de novo stress incontinence (1). For this reason, a protocol where obliterative vaginal approach was combined with transobturator tension-free midurethral polypropylene sling was developed in our department, for the treatment of total uterine/vault prolapse. The aim of this study is to investigate the feasibility of the combination of obliterative vaginal procedures with midurethral slings in the management of advanced genital prolapse.

Study design, materials and methods
Prospective case series without control group. Inclusion criteria: (1) women with grade III or IV genital prolapse (primary or recurrent) with or without urinary stress incontinence (SI), (2) women who do not wish to retain vaginal function for intercourse, (3) women elder than 70-years-old. All women underwent preoperative and postoperative urodynamic study (uroflowmetry, cystometry, pressure-flow studies). Primary outcome was the assessment of percentage of SI, de novo SI and urinary retention. Secondary outcomes were (1) intraoperative complications, (2) prolapse recurrence during follow up, (3) postoperative complications, (4) percentage of being regret about the operation.

Results
Eleven women (mean age 73.2-years-old) were included in the study. Five (45.4%) had preoperative urodynamic SI (USI) and 8 (72.7%) had overactive bladder. Nine (81.8%) had undergone previously prolapse operation and two had primary prolapse. In two patients vaginal hysterectomy was performed before colpectomy at patient request. Seven women (63.6%) had LeFort colpocleisis and 4 (36.4%) had total colpectomy. All women had transobturator tension free sling concommitantly with the obliterative procedure (7 with the in-out technique and 4 with the outside-in technique). There were no intraoperative complications. Mean follow up was 7 months. There were no cases of de novo or recurrent USI. In one case (0.9%) there was initial urinary retention that was resolved with dwelling urinary catheter at day-15 postoperatively. There was no prolapse recurrence. In one case, postoperative rectal prolapse was developed that was managed surgically with colostomy. No patient regretted having the operation.

Interpretation of results
Obliterative vaginal procedures aim to manage advanced prolapse in a minimally invasive, complication-free way. Adding an anti-incontinent procedure seems an attractive idea in order to minimize stress urinary incontinence that can complicate obliterative procedures quite commonly. The main disadvantages of midurethral slings are the unpredictable rate of urinary retention and the small but not negligible risk of tape erosion. Experience from other vaginal procedures where midurethral sling is combined with either anterior colporraphy and/or vaginal hysterectomy shows that the urinary retention rates are not increased (2). This study agrees with this findings as there was a only one case (0.9%) of urinary retention and postoperative USI was prevented in all cases.

Concluding message
It seems that obliterative vaginal procedures for high degree prolapse are well combined with therapeutic or prophylactic tension-free midurethral sling. Further prospective controlled trials are need to confirm these findings.

References
1. Int Urogynecol J (2006) 17; 261-271.
2. Acta Obstet Gynecol Scand (2003) 82; 1049-1053.

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Is this a clinical trial?	**Yes**
Is this study registered in a public clinical trials registry?	**No**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**Yes**
Specify Name of Ethics Committee	**Papageorgiou General Hospital Ethics Committe, Thessaloniki, Greece**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**