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PELVIC SUPPORT, PELVIC SYMPTOMS AND PATIENT SATISFACTION AFTER COLPOCLEISIS

Hypothesis / aims of study

Our objectives were to determine the effect of colpocleisis on pelvic organ support, pelvic symptoms, quality of life and patient satisfaction. We also describe the morbidity associated with colpocleisis, report patients' assessment of sexual function and body image.

Study design, materials and methods

After Ethical Review, women undergoing colpocleisis for treatment of pelvic organ prolapse were recruited at six centers into a prospective cohort study. All study procedures were in accordance with rules of the Declaration of Helsinki. Baseline measures included physical examination including Pelvic Organ Prolapse Quantification (POPQ), responses to the Pelvic Floor Distress Inventory and Pelvic Floor Impact Questionnaire.[1] Three and 12 months after surgery, we assessed prolapse and continence status, and repeated baseline measures. We also asked subjects to rate their global assessment of change in symptoms, global rating of satisfaction and to respond to a non-validated Body Image questionnaire.

Results

Of 152 patients with mean age 79 (±6) years, 132 (87%) completed 1 year followup. Mean blood loss was 119 (±97) mL, and mean operative time was 112 (±51) minutes. Seventy-one (47%) patients had concomitant continence procedures. Mean hospital stay was 1.6 (±0.7) days. Adverse events during initial hospitalization included pneumonia (1 patient), pulmonary edema (1), transfusion (2), cardiac arrhythmia (2) and hyponatremia (1). POP was POPQ Stage 2 or less in 97% of patients at 3 months and 93% at 12 months (see Table). All pelvic symptom scores and related bother significantly improved at 3 and 12 months. Mean Pelvic Organ Prolapse Distress Inventory score dropped from 113 (±61) to 26 (±31) 1 year after surgery, at which time 125 (95%) patients said they were either 'very satisfied' or 'satisfied' with their decision to have vaginal closure for prolapse treatment. Only a minority of women indicated a worsening in the way their bodies looked or felt, or indicated a worsening in sexual function compared to their experience before surgery. Urinary tract infection was the most commonly reported morbidity during the year after surgery. One patient underwent repeat colpocleisis due to failure of the primary procedure. There were no sling revisions among the patients who had concomitant sling procedures. One patient died 5 months postoperative, from medical conditions unrelated to surgery.

Interpretation of results

Colpocleisis affords effective relief of prolapse and related symptoms, with few reports of worsening self-image or sexual function. It was reassuring to note little postoperative urinary retention in women who underwent concomitant midurethral sling procedures.

Concluding message

Colpocleisis was effective in resolving prolapse and pelvic symptoms and was associated with high patient satisfaction.

Table: POP-Q measurements at baseline, 3 and 12 months after surgery. Data presented as N(%) or median (interquartile range).

Variable	Baseline	3 months post-op	12 months post-op
Most distal vaginal point (leading edge)			
≤ 1cm inside hymen	0 (0%)	90/110 (82%)	75/103 (73%)
≤ 1cm beyond hymen	0 (0%)	107/110 (97%)	96/103 (93%)
> 1cm beyond hymen	146/146 (100%)	3/110 (3%)	7/103 (7%)
TVL (cm)	9 (8, 10)	3 (3, 4)	3 (2.5, 4)
GH (cm)	6 (4, 7)	2 (1.5, 3)	2 (1.5, 3)
PB (cm)	3 (2, 4)	4 (4, 5.5)	4 (4, 5)

References

1. Am J Obstet Gynecol 2001;185:1388-95.

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Is this a clinical trial?	**Yes**
Is this study registered in a public clinical trials registry?	**Yes**
Specify Name of Public Registry, Registration Number	**www.clinicaltrials.gov number: NCT00271037**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**Yes**
Specify Name of Ethics Committee	**Loyola Stritch School of Medicine Ethics Review Board**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**