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Highlights Post-hysterectomy vaginal vault prolapse is a recognised although rare complication following both abdominal and vaginal hysterectomy and the risk is increased in women following vaginal surgery for urogenital prolapse.

- Primary prevention can be performed at the time of hysterectomy.
  - Whilst all women will initially benefit from conservative measures, surgical intervention remains integral in the effective management of women with post-hysterectomy vaginal vault prolapse.
  - Women should be counselled carefully regarding the route of surgery, the role of concomitant continence surgery, and the long-term risks which may be associated with the use of abdominal mesh.
  - Given the complexity of the management of post-hysterectomy vaginal vault prolapse, these patients are best managed in a tertiary centre within the auspices of a multidisciplinary team that includes urogynaecologists, urologists and colorectal surgeons.
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## POST-HYSTERECTOMY VAGINAL VAULT PROLAPSE

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### **ABSTRACT**

Post-hysterectomy vaginal vault prolapse (PHVP) is a recognised although rare complication following both abdominal and vaginal hysterectomy and the risk is increased in women following vaginal surgery for urogenital prolapse. The management of PHVP remains challenging and whilst many women will initially benefit from conservative measures, the majority will ultimately require surgery.

The purpose of this paper is to review the prevalence and risk factors associated with PHVP as well to give an overview of the clinical management of this often complicated problem. The role of

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