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Research article

What are patient goals after an anterior colporrhaphy operation?

Sabrina J. Kousgaard*, Jonna Bjørk, Karin Glavind

Department of Obstetrics and Gynecology, Aalborg University Hospital, Reberbansgade, 9000, Aalborg, Denmark

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ABSTRACT

Objectives: The aim of this study was to describe patient-reported goals after an anterior colporrhaphy operation for anterior vaginal wall prolapse, the fulfilment of goals, and the correlation with subjective patient-reported outcomes.

Study design: A prospective study involving 100 women. Preoperatively, patients completed three modified questions from the International Consultation on Incontinence Questionnaire – Vaginal Symptoms (ICIQ-VS) named ICIQ-VS short form (ICIQ-VS SF) and stated three goals for the operation. A telephone interview was performed 3 months postoperatively.

Results: A Visual Analogue Scale (VAS) score from one to 10 estimated the extent to which goals were achieved. Goals were divided into eight groups: 1: mechanical symptoms (bulging), 2: voiding symptoms, 3: quality of life (physical), 4: quality of life (emotional), 5: avoidance of urinary tract infection, 6: cure of incontinence, 7: sexual function and 8: others. ICIQ-VS SF preoperatively was mean 13.6 and postoperatively mean 1.7 ($p < 0.001$). A total of 276 goals were stated, 63.4% of the goals were fulfilled with a VAS score of 10. The majority of the goals (27%) were in group 1 concerning symptoms of bulging. Mean VAS score for all goals was 8.6 (SD 2.5). Group 1 concerning mechanical symptoms of bulging had most goals fulfilled with a VAS of 10 (76%), and group 6 concerning cure of incontinence had fewest goals fulfilled with a VAS of 10 (31%). Forty patients (40%) fulfilled all their goals.

Conclusions: Patient-described goal achievement was high. The majority of the fulfilled goals concerned mechanical symptoms of bulging, and goals concerning incontinence were the least fulfilled.

Introduction

Anterior vaginal wall prolapse is by the International Urogynaecological Association (IUGA) defined as a prolapse of the front wall of the vagina. The most common surgical technique for anterior vaginal wall prolapse is anterior colporrhaphy [1]. Evaluation of treatment success after anterior colporrhaphy operation has traditionally been described from the surgeon's point of view more often than that of the patient [1]. In recent years, there has been more focus on finding evaluation tools based on the subjective evaluation of the treatment by the patient or Patient Reported Outcome Measures (PROM). PROM is defined as: "Any report of the status of a patient's health condition that comes directly from the patient, without interpretation of the patient's response by a clinician or anyone else" [2]. Based on PROM, treatment satisfaction could be measured on the achievement of personal goals, which can vary for the individual patient. Studying personal goals could also reveal unrealistic expectations.

PROM and patient reported goals have been investigated in patients with combined prolapse surgery and incontinence surgery [3–7], patients with overactive bladder symptoms [8], and patients with incontinence surgery alone [9,10], but to the best of our knowledge, have never been described in patients with anterior vaginal wall prolapse treated with anterior colporrhaphy surgery alone.

The primary aim of this study was to describe and categorize individual self-reported patient goals before surgery and to find out to what extent these goals were met after surgery in a group of women operated with an anterior colporrhaphy. Secondarily we wanted to evaluate the achievement of goals compared to the patient-reported results on the pelvic organ prolapse and incontinence.

Materials and methods

This prospective study involved 103 women who underwent anterior colporrhaphy solely for an anterior vaginal wall prolapse

* Corresponding author.
E-mail address: s.kousgaard@rn.dk (S.J. Kousgaard).

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at Aalborg University Hospital between June 2015 and July 2016. No exclusion criteria existed.

Preoperative examination included medical history, physical examination including a gynaecological examination and standard vaginal ultrasound investigation and urine analysis. The degree of prolapse was evaluated using Pelvic Organ Prolapse – Quantification (POP-Q) with stage zero to four [11]. All patients had a grade 2 or more prolapse in the anterior compartment evaluated to be a central defect type of anterior vaginal wall prolapse. Extracted data included age, parity and previous caesarean sections, prolapse operations and urinary incontinence operations.

Patients underwent a standard anterior colporrhaphy with midline plication of the anterior fascia using delayed absorbable sutures. All operations were performed in local anaesthesia with sedation.

Preoperatively the women completed three modified questions from the International Consultation on Incontinence Questionnaire – Vaginal Symptoms (ICIQ-VS) – named ICIQ-VS SF (short form) [12], and the International Consultation on Incontinence Questionnaire – Urinary Incontinence Short Form (ICIQ-UI SF) [13,14], as standard questionnaires in the Danish Urogynaecological Database. ICIQ-VS SF and ICIQ-UI SF have a maximum score of 17 and 21 respectively representing experience of the worst symptoms. The patients were asked to write down in their own words three goals, which they wanted to achieve from the operation.

The ICIQ-VS SF consists of three scored items to evaluate the severity of pelvis organ prolapse and its impact on health-related quality of life. The scored items include graded questions about sensation of bulging, the bothering severity, and a VAS score estimating the degree of nuisance. A total score was calculated by adding up the items. The ICIQ-UI SF is used to evaluate the severity of urinary incontinence and its impact on health-related quality of life. The short form contains three scored items and an un-scored self-diagnostic item. The scored items include graded questions about how often incontinence takes place, how much urine is lost and a VAS score estimating the degree of nuisance. A total score for the three scored items was calculated by adding them up. The total score was used to evaluate the incontinence pre- and postoperatively. The un-scored self-diagnostic item was used to classify the type of incontinence: stress, urge, mixed or undefined incontinence. The Danish version of the ICIQ-VS SF and ICIQ-UI SF has been translated from English but has not been validated.

A specified incontinence and prolapse nurse performed a telephone interview 3 months after the operation, according to institutional practice. The patients once again completed ICIQ-VS SF and ICIQ-UI SF. The patients were asked on a Visual Analogue Scale (VAS) from one to 10 to what extend the different goals were achieved. The patients were also asked whether each goal was totally fulfilled, partly fulfilled, not fulfilled or whether they did not know if it was fulfilled. The explanation as to why the VAS score was not 10 was noted in the patient report.

If the telephone follow-up had not been completed a letter with the questionnaires was sent to the patient.

The patients' goals were divided into 8 categories: 1: mechanical symptoms (bulging), 2: voiding symptoms, 3: quality of life (physical), 4: quality of life (emotional), 5: avoidance of urinary tract infection, 6: cure of incontinence, 7: sexual function and 8: others. The two authors SJK and KG reviewed all goals and categorized each goal into one of the above-mentioned categories, cases of any disagreement were resolved. Category 1 would include patients who wrote, that they wanted to get rid of the sensation of a ball coming out of the vagina. Category 2 would include patients who stated that they wanted to regain control over urination and to evacuate the bladder better. Category 3 would include patients who wanted to be able to run or ride a bike again, or be able to make pelvic floor exercises. Category 4 would include patients who stated that they wanted to achieve better self-confidence or more wellbeing.

Results were reported as mean and with standard deviation (SD). ICIQ-VS SF and ICIQ-UI SF before and after surgery were tested for normality using QQ-plot and histogram. Paired *t*-test was used to compare ICIQ-VS SF and ICIQ-UI SF before and after surgery. Statistical significance was reached when the p value was less than 0.05. STATA 14 was used for statistics analysis.

The regional ethics committee approved this study.

Results

One hundred and three women were included, and 100 women completed the study. One woman was not followed up because of breast and lung cancer diagnosed shortly after the operation. Two women were lost to follow up, because they did not respond to the telephone call or letter. No women declined to participate.

Demographic data are represented in Table 1.

A total of 276 out of possible 300 goals were stated. The number of goals in each of the eight categories is stated in Table 2. The majority of the goals (26.7%) were in group 1 concerning symptoms about bulging.

Goals in group 1 (mechanical symptoms, bulging) included the answer: "That the sensation of heaviness and something hanging outside the vagina disappear". Goals in group 2 (voiding symptoms) included: "That I can evacuate my bladder better". Goals in group 3 (quality of life, physical) included: "That it does not bother me to be more physical active". Goals in group 4 (quality of life, emotional) included: "That I can achieve better self-confidence". Goals in group 5 (avoidance of urinary tract infection) included: "That I can avoid urinary tract infection". Goals in group 6 (cure of incontinence) included: "That I do not wet my pants when I cough". Goals in group 7 (sexual function) included: "That I can have intercourse again". Goals in group 8 (others) included the following: "That I can get a better life", "That I can take better care of myself", "That I can get rid of the ring holding the vaginal wall up", "That I can resume my job", "That the pain related to defecation disappear", "That I can get rid of my pain", "That I can get motivation to dietary changes and a healthier life", "That I can feel my vagina again".

Mean VAS score for all goals was 8.6 (2.5 SD). Overall, 63.4% of all goals were fulfilled with a VAS score of 10. The highest percentage of full VAS score (VAS score of 10) was in group 1 (76.3%) and the lowest in group 6 (31.0%).

ICIQ-VS SF preoperatively was mean 13.6 (3.6 SD) and postoperatively mean 1.7 (4.1 SD) ($p < 0.001$).

A total of 80 patients (80%) achieved an ICIQ-VS SF score of zero after the operation indicating no bulging sensation at all. Five patients had no change in ICIQ-VS SF and 13 patients went from a mean score of 13.3 to 6.7. Two patients had a worse ICIQ-VS score SF after the operation (from a mean score of 5.0 to 11.0). The 20 patients with an ICIQ-VS SF score of more than zero postoperatively had a mean VAS score of 7.1.

Table 1
Demographic data.

Age (years), mean (SD)	63.9 (11.1)
BMI (kg/m^2), mean (SD)	27.2 (4.0)
Parity, median (range)	2 (0–6)
Previous caesarean section, number (%)	8 (8%)
Previous hysterectomy, number (%)	21 (21%)
Previous prolapse operation, number (%)	26 (26%)
Previous incontinence operation, number (%)	7 (7%)

Body mass index (BMI), Standard deviation (SD).