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Native vaginal tissue repair for genital prolapse surgical treatment: a minimum of 30 months of results

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ABSTRACT

Objective: The aim of this study was to assess the impact of using native vaginal tissue repair as a surgical treatment for pelvic organ prolapse (POP) on quality of life using validated questionnaires.
Study design: Fifty-one women underwent surgical POP repair. All of the women were evaluated by physical examination using the POP-Q, ICIQ-VS and P-QoL questionnaires prior to surgery as well as six and at least 30 months after surgery.
Results: Fifty-one patients returned for assessment at least 30 months after surgery (median 36 months, range 30–50 months). There was significant improvement in most points – Aa, Ba, C, Bp, Ap, and hg – and at the stage of prolapse. There were statistically significant improvements in bulge symptoms after surgery ($p < 0.001$), and significant differences were also seen regarding questions related to urinary and bowel symptoms. Indeed, most quality of life questionnaire domains showed significant differences before and after surgery.
Conclusion: Native vaginal tissue repair improved POP-related symptoms and quality of life after 30–50 months of assessment.

Introduction

Pelvic organ prolapse (POP) is a multidimensional phenomenon, and success of treatment is often difficult to define [1]. The management of POP includes observation, pelvic floor rehabilitation, pessary use, and surgery. Surgical treatment is indicated in women with symptomatic POP when conservative management has failed or has been declined [2].

Prolapse surgery has undergone constant change in recent years, as emerging trends have gradually gained or lost popularity [3]. There are numerous surgical techniques for the treatment of POP, including vaginal and abdominal approaches with or without graft materials [2]. Nearly 100 different techniques over the past 150 years have been described to repair POP trans-vaginally [4].

Surgery for POP is common among women [2]. The longevity and durability of POP surgery are important variables for planning, and these analyses require ongoing evaluation [1]. Therapeutic approaches should always aim to restore normal function and enhance quality of life [2].

Subjective success postoperatively should be defined as the absence of a vaginal bulge [1]. Most articles have used anatomical stage 1 or 2 of POP as a criterion for success, but the main criterion is the absence of a bulge or of vaginal pressure associated with urinary, defecatory or sexual dysfunction [2].

The anatomical outcome of POP surgery is likely not the most important parameter that must be evaluated with POP reconstructive surgery [2], as improvement in subjective outcomes can occur irrespective of anatomical outcomes [5]. The most important consideration is to restore normal function, with the disappearance of the vaginal bulge and relief of pelvic pressure but normalization of urinary, defecatory, and sexual function [2].

Health-related quality of life (HRQOL) refers to a person's total sense of well-being, and it considers multiple dimensions including (but not limited to) his or her social, physical and emotional health. It has been recommended that investigators describe the impact of POP surgical treatment on HRQOL [1].

This study aimed to assess the impact of native vaginal tissue repair for POP on quality of life 30 months or more after surgical treatment.

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Materials and methods

This prospective, longitudinal, observational study was conducted between May 2011 and August 2015 and followed women until at least 30 months after surgical treatment for POP involving native vaginal tissue. Both subjective and objective outcome assessment tools were used for the analysis. We enrolled 65 patients, who were recruited from two referral centers in urogynecology, with relevant POP symptoms requiring surgical repair. Fourteen patients were excluded from the sample: one woman died because of an unrelated event, 12 were lost to follow-up (did not respond to our request after at least three attempts to contact via telephone), and one patient underwent a new surgery for an issue arising from the same site. The study was approved by the Ethics Committee in Research (no. 1812).

Within 1 week to 24 h before surgery, sixty-two patients completed the Prolapse-Quality of Life (P-QoL) [6] and International Consultation on Incontinence-Vaginal Symptoms (ICIQ-VS) [7] questionnaires, which had already been translated and validated in Portuguese [8,9]. The questionnaires were read to all of the patients. After completing the questionnaires, the patients were examined in the lithotomy position, and staging of their POP was determined by quantification (POP-Q) [10]. The terminology used in the present study was previously described by Haylen et al. [11]. The P-QoL and ICIQ-VS questionnaires were applied, and the POP-Q was again assessed at six and at least 30 months after surgery. All of the patients were evaluated in the same position by the same researcher on the three occasions. The women underwent a variety of surgical techniques using native tissue repair. One or more surgery types were performed on the same patient. Patients with complaints of urinary incontinence underwent surgical transobturator sling or retropubic colposuspension with the Burch technique for concomitant prolapse repair.

Statistical analyses of the pre- and postoperative data were performed using Friedman's non-parametric test and the Statistical Package for the Social Sciences (SPSS), version 18.0 (IBM, Armonk, NY, USA). A 5% significance level was used for all tests.

Results

For this study, 65 women underwent surgical treatment. The initial outcomes at six months were previously published [12].

Table 1
Frequency of surgeries performed for prolapse.

	Anterior repair	Posterior repair	SCP	Vaginal hysterectomy
N	36	32	13	20
%	70.6	62.7	25.5	39.2

SCP, sacrocolpopexy.

Fifty-one patients returned for assessment at least 30 months after surgery (median 36 months, range 30–50 months). The median age was 64 years old (range 35–89). The surgeries performed are described in Table 1.

The objective evaluation was performed using the POP-Q. There was significant improvement in all of the following points: Aa ($p = 0.001$), Ba ($p = 0.022$), C ($p = 0.038$), Bp ($p = 0.006$), Ap ($p = 0.005$), and hg ($p = 0.001$), as well as stage ($p = 0.001$).

Symptoms were assessed according to the P-QoL prior to surgery and at 6 months and 30 months after the procedures. The percentages of women who answered "no" to questions related to urinary symptoms, as well as prolapse symptoms such as "feeling a bulge/lump from or in the vagina" and "heaviness or dragging feeling as the day goes on from the vagina or the lower abdomen", are presented in Fig. 1; these results show statistically significant improvements after surgery ($p < 0.001$). A significant difference was also seen regarding questions related to bowel symptoms, such as constipation and straining to move the bowels ($p < 0.001$), and the use of the fingers to empty the bowels ($p = 0.002$), as well as for vaginal bulging that inferred with sex ($p = 0.003$) (Fig. 2). All of these significant differences occurred between the assessments made before and after surgery, but no differences were observed between the follow-up evaluations at 6 months and 30 months after treatment.

There was a significant decrease in all of the P-QoL scores, as presented in Fig. 3. All of the ICIQ-VS domains also revealed improvements in quality of life after treatment (Table 2).

Discussion

POP, like all pelvic floor disorders, is a multidimensional phenomenon, and "success" of treatment is often difficult to define

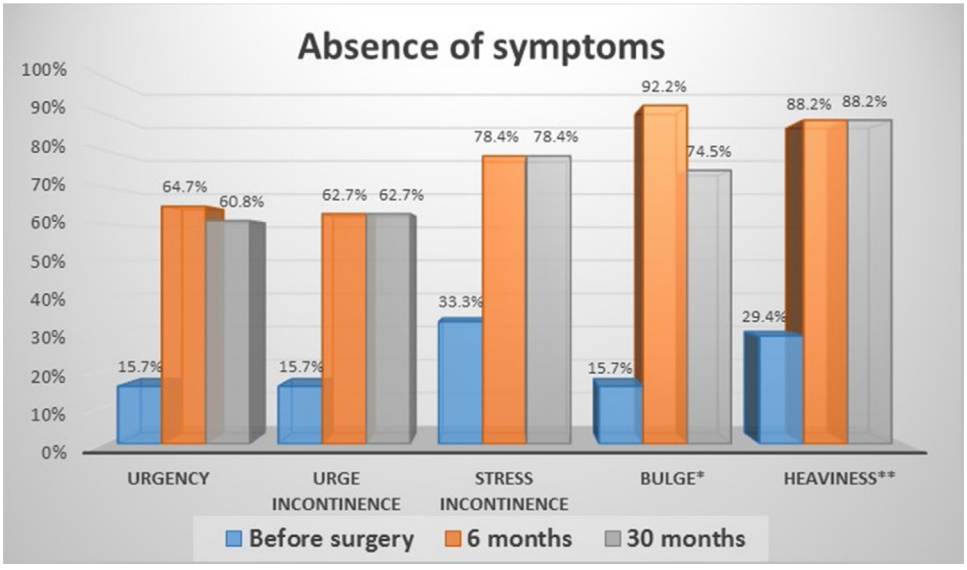

Fig. 1. Absence of urinary and prolapse symptoms before and after surgery. * Feeling a bulge/lump from or in the vagina. ** Heaviness or dragging feeling as the day goes on from the vagina or lower abdomen. Friedman's test.