OF VAGINAL VAULT PROLAPSE SURGICAL TREATMENT USING A POLYPROPYLENE MESH AND VAGINAL APPROACH WITH BILATERAL SACROSPINOUS FIXATION

Espitia De La Hoz Franklin José (CO) [1], GONZALEZ ISAZA PABLO (ES)

Background: The evidence comparing the efficacy, long-term, to assess the results of surgery of vaginal vault prolapse using polypropylene mesh and vaginal approach, such as bilateral sacrospinous fixation are few or no.

Objectives: To compare the results of the polypropylene mesh colpopexy with vaginal colpopexy with bilateral sacrospinous fixation as treatment of vaginal vault prolapse.

Design: Randomized clinical, randomized, open-label, follow-up, between January 2009 and June 2012.

Materials and Methods: We included 88 consecutive women 51 to 87 years with vaginal vault prolapse, demonstrated in outpatient urogynecology, which were divided into two groups: group A (vaginal colpopexy using polypropylene mesh) and group B (vaginal colpopexy with bilateral sacrospinous fixation). Response variables: age, sex, length of hospital stay, preoperative and postoperative diagnosis, operative time, transfusions, quality of life, complications and postoperative pain, and cost of prosthetic repair techniques and the conventional technique.

Scope of the study: Urogynecology Service of Clínica La Sagrada Familia, Armenia, Quindio, Colombia.

Intervention: 88 women were randomized to treatment of vaginal vault prolapse using polypropylene mesh and vaginal approach with bilateral sacrospinous fixation.

Results: Operative time, postoperative analgesic consumption and postoperative stay were lower in the group approach with bilateral sacrospinous fixation: (117.9 ± 18.6)
minutes, 6 [2.4 to 10.5] dose 1 [1-2] days vs. 147.3 + / - 24.6 minutes, 9 [4.2-15.6] dose and 3 [2-4] days [p <0.0001]). The scores of the QOL questionnaires PFIQ-7, before surgery, we found a mean score of 7.8 (range 2-16) describing a negative impact on several dimensions of quality of life and PFDI-20 Found means 10 score (range 3 to 18), however, these scores were significantly reduced in both groups after surgery at 6, 12, 18 and 24 months, which shows that the speech quality enhancement life, significantly, compared to the results of the baseline (p <0.001), there was no significant difference in intraoperative, and cure rates at any time of follow up (cure / improvement of 96.6, 90 , 9 and 87.3% at 6 months, 1 and 3 years of polypropylene mesh, and 93.3, 87.9 and 81.3% with vaginal approach with bilateral sacrospinous fixation; p = 0.36, p = 0.42 and p = 0.18).

Keywords: Cystocele, hysterocele, rectocele, vaginal vault prolapse, colposacropexy.