OBJECTIVE: This study intends to assess the clinical outcome and the impact on quality of life of uterine sacrospinous ligament fixation (USLF) conducted with a mesh stabilizing anchor set in the present clinic following vaginal hysterectomy.

MATERIALS AND METHODS: Twenty-one patients, diagnosed with genital prolapse and for whom vaginal hysterectomy and (USLF) with the Surelift mesh stabilizing anchor set were performed from April 2010 to June 2013, were assessed in this study. Posterior colporrhaphy was performed in all cases, as well. The cuff level was used to assess the anatomical recovery one year following the surgery. Postoperative relaxation of the vaginal cuff line below the hymenal level was defined as failure. Quality of life (P-QOL) questionnaires validated for Turkish women were used preoperatively and on their first year to assess patient satisfaction. Clinical outcome and impact on quality of life were analyzed in all these cases by using t-test for paired samples.

RESULTS: The mean age of the patients was 67.4 (min-max:43-84) years; mean parity 5.4 (min-max: 2-13). The mean operation time was 56 ± 12 minutes. The mean postoperative follow-up period was 21.4 months. Preoperative mild bleeding (two), postoperative severe pain (three), and
micturition problems (one) were found. Therapeutic results and patient satisfaction were evaluated in the 12th month postoperatively: In 18/21 (85%) patients, the cuff was located above the hymenal ring. P-QOL scores validated for Turkish women were 52.5 ± 12.9 preoperatively and 11.08 ± 7.9 postoperatively (t-test for paired samples revealed a significant difference; (p = 0.04).

CONCLUSION: The treatment of genital prolapse through the abdominal route includes the sacrocolpopexy operation with or without hysterectomy. This method, most of the time, requires a laparotomy if not performed by a specifically trained laparoscopist. It has a longer operation time and mesh erosions are feared complications compared to vaginal route. In sacrospinous fixation cases added to vaginal hysterectomy, operation times are shorter and especially preferable in patients where medical problems coexist. Operative success and patients' satisfaction seems to be provided by this technique.

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MeSH terms

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