SURGERY OF PELVIC ORGAN PROLAPSES(POP)

WHAT ARE THE EVIDENCES IN 2015 ?

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RECOMMANDATIONS FOR SURGERY OF POP

1*Surgical candidates for POP repair are women with **symptomatic** prolapse who decline or fail conservative therapy (eg,vaginal pessaries)

2*There is no indication for repair of **asymptomatic** POP as an isolated procedure and/or in women who are undergoing other pelvic floor procedures (eg,stress urinary incontinence (SUI) surgery)

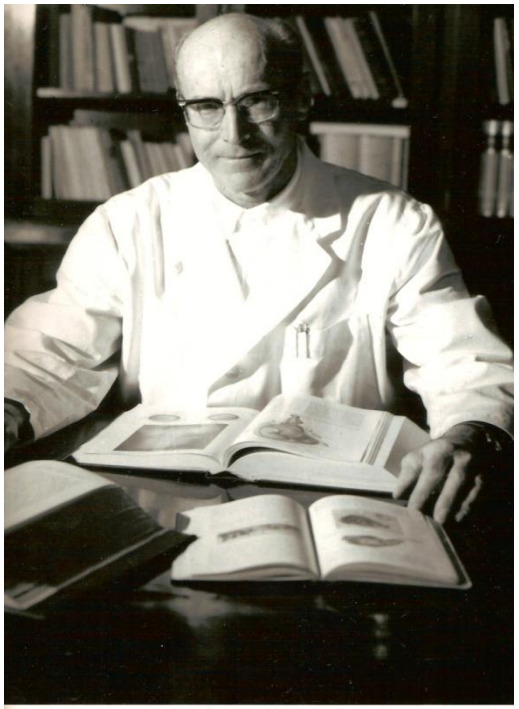
3*Prolapse repair at the time of other pelvic surgery is a reasonable option in women with risk factors for developing prolapse progression (eg,concomitent hysterectomy, premonopausal status,obesity)

4*Women who are elderly,unable to tolerate extensive surgery,and do not plan future vaginal intercourse are candidates for obliterative POP surgery

Jelovsek JE et al,June 2015

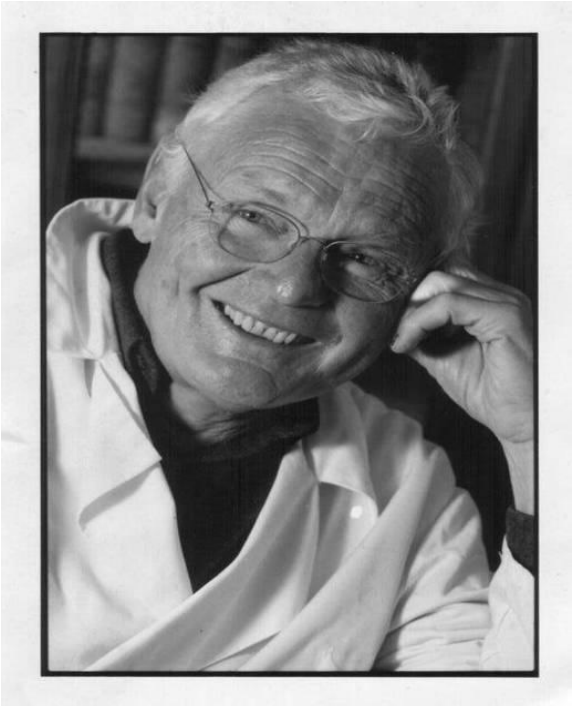
VAGINAL AND PERRINEAL SURGERY OF POP

IMPORTANT TO KNOW & REMEMBER THE PIONEERS !



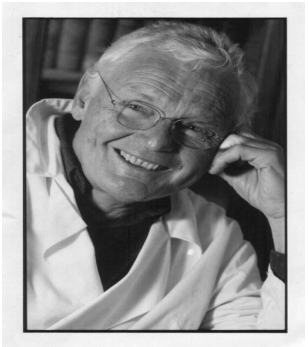
FRANK NOVAK (LJIUBIANA)

ALBERTO CENTARO (BOLOGNA)



DANIEL DARGENT (LYON)

VAGINAL AND PERRINEAL SURGERY OF POP



1* VAGINAL HYSTERECTOMY (PEHAM-AMREICH TECHNIC)
- offently recommended for apical prolapse repair
- not recommended for women who strongly prefer to preserve their uterus and are aware of the potential risk of recurrent prolapse and the uncertainty regarding obstetric outcomes

2* CLOSURE OF THE PERITONIUM BY THE RICHTER'S PROCEDURE AND/OR PARTIAL DOUGLASSECTOMY

3* VAGINAL VAULT PLASTY WITH THE UTERO-SACRAL LIGAMENTS

4* ANTERIOR COLPOPLASTY: - « HALBAN FASCIA »
- ANTERIOR COLPORRAPHY

5* MYORRAPHY OF THE ELEVATORS ANI AND PERINEORRAPHY

SURGERY OF POP
VAGINAL AND PERRINEAL SURGERY

BUT RECURRENCES
IN 30 -50% OF CASES !!! (EL 3)

1* VAGINAL VAULT AND POSTERIOR VAGINAL WALL (POSTERIOR COLPOCELE)

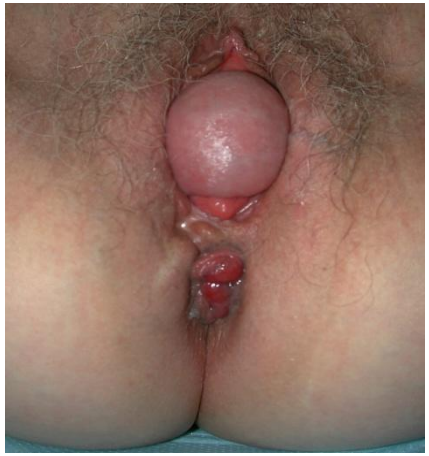
RICHTER'S SACROSPINOUS COLPOPEXY

2* ANTERIOR COLPOCELE: *MAIN PROBLEM (40%)*

- FREQUENT IN SACROSPINOUS COLPOPEXY

- TYPE OF COLPOCELE: LATERAL OR MEDIAN ?

Thick Vagina, Lateral paravaginal defect



Thin & smooth vagina Medial Hernia

SURGERY OF POP
ABDOMINAL SACROCOLPOPEXY

THE COCHRANE COLLABORATION

ABDOMINAL SACROCOLPOPEXY Vs VAGINAL SACROSPINOUS COLPOPEXY

1- LOWER RATE OF RECURRENT VAULT PROLAPSE AND DYSPAREUNIA WITH ABDOMINAL SACROCOLPOPEXY BUT NO MORE RE-INTERVENTION FOR THE SACROSPINOUS COLPOPEXY.

2- LONGER OPERATING TIME,LONGER TIME TO RETURN TO ACTIVITIES OF DAILY LIVING AND INCREASED COST OF THE ABDOMINAL APPROACH.

3- MORE RECURRENT CYSTOCELE FOR SACROSPINOUS COLPOPEXY Vs ABDOMINAL SACROCOLPOPEXY BUT « MORE » MORBIDITY ?!...

4- LESS RECURRENT RECTOCELE WITH SACROSPINOUS COLPOPEXY BUT NO STUDIES CONCERNING THE POSTERIOR MESH BY ABDOMINAL WAY

5- 10 % OF « DE NOVO UI » AFTER SURGERY.

Maher C; surgical management of POP in women
Cochrane Database of Systematec Reviews 2010

SURGERY OF POP
CRITICAL ANALYSIS OF EBM

THE COCHRANE COLLABORATION

1* Wich route for abdominal sacrocolpopexie !?:
laparotomy or « routine » or robotic laparoscopy
Training and cost !

2* Sub-total hysterectomy for abdominal sacrocolpopexie !?
Problem of the remaining uterin cervix

3* **Wich procedure for associated SUI and for prevention of « de novo » SUI !?**

4* Per and post-operatives morbidity !?

6* For wich profile of patients !?

VAGINAL SURGERY OF POP
THE USE OF MESH & PROTHESIS !?

*Vaginal prothesis in first line in aim to reduce the reccurence rate

Whiteside JL,Am. J.Obstet.Gynecol.2004; 191(5) : 1533-8

1- PROTHESIS ARE NOT SYSTEMATIC IN VAGINAL SURGERY OF POP

2- PROTHESIS IF THERE IS A FACTOR OF FAILURE

- POP IN STAGE III & IV
- YOUNG AND ACTVE PATIENT
- RECURRENCES+++

3-NEVER FORGET THE OTHER COMPARTMENTS: COMPLEX POP ++

4-NO HYSTERECTOMY, NO « T » INCISION AND NO EXCISION OF THE VAGINAL MUCOSA ARE THE WARRANTIES OF SUCCESS OF THE VAGINAL PROTHESIS.

5-THE ROUTINE USE OF VAGINAL PROTHESIS IS STILL NOT YET VALIDATED.

Recommendations« CHOIX DES ARMES »;2010

***The use of transvaginal mesh decreased from 30% in 2008 to 2% in 2011 with minimally invasive sacral colpopexy increasing from only 5% of cases to 33% during the same time period .**

Maher C et al.2015

VAGINAL SURGERY OF POP WITH PROTHESIS COMPLICATIONS

1*RECTUM INJURY:0,36%

2*BLADDER INJURY:1,44%

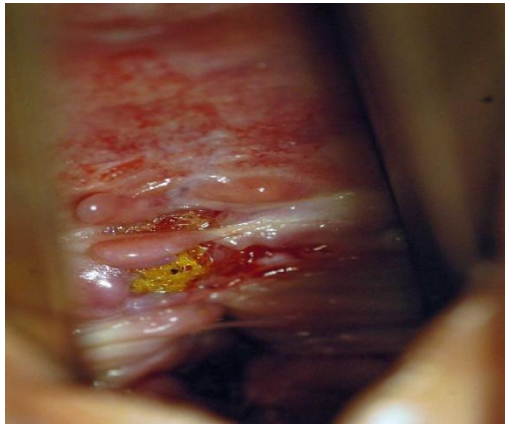
3*HEMORRHEAGE AND HEMATOMA:3,61%

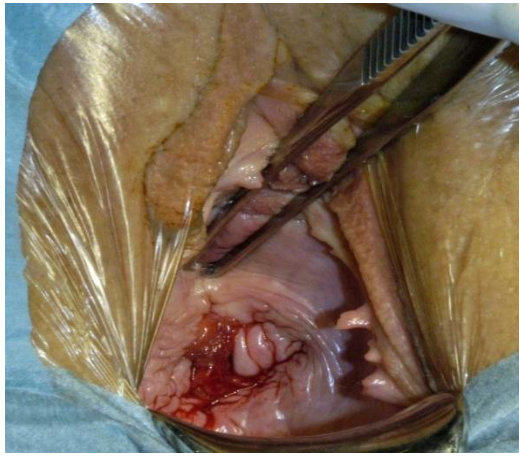
4*FAILURE AND « DE NOVO PROLAPSE »:3,97%

5*RETRACTION OF PROTHESIS :5.05%

6*EXPOSURE AND REJECTION:12.41%

*Rosenthal C .Multicenter « PROLIFT * » trial; 2005*





BLADDER FUNCTION & IMPORTANT POP !

1*DILEMNA

-pre-operative urinary retention: severe dysiuria (women seems continent)
-post-operative SUI: « DE NOVO S.U.I »

2*EVIDENCE LEVEL1: Abdominal sacrocolpopexy+Burch

NEJM 1997

3*EVIDENCE LEVEL3 : Vaginal surgery+/-TOT OR TVT (mid-urethral sling)

CNGOF 2007 & ACOG 2009

4*RECOMMENDATIONS:

1-Systematic preoperative evaluation for SUI with clinical or urodynamic urinary stress testing with and without reduction of prolapse BUT 40% of women with negative testing will develop postoperative SUI

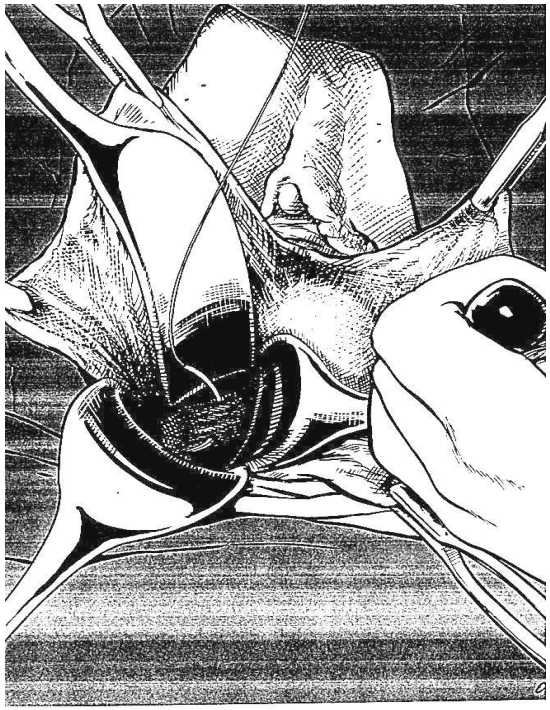
2-Women with symptomatic apical POP repair and no SUI symptoms may have occult SUI and may benefit from a prophylactic continence procedure at the time of POP repair

Jelovsek JE et al,June 2015

CONCLUSION AND TAKE HOME MESSAGES

***The last decade has been a time of massive change in the surgical management of prolapse,especially with the very bad results of the vaginal mesh.But,there are no published guidelines available to guide women and their clinicians on the surgical management of POP.** *Maher C et al.2015*

***In our humble opinian « the gold standard » of the surgery of POP should be by vaginal way without mesh.Only the mid-urethral sling are accepted for SUI.**
For this aim, education,training and capacity bulding of the young surgeons must be our priority.



THANK YOU