Personification of the surgical treatment of pelvic organ prolapse in older women

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MATERIALS AND METHODS

- 52 patients with stage III-IV pelvic prolapse with a leading prolapse point C (POP-Q, ICS 1996) underwent sacrospinous fixation using a synthetic implant SWING BAND
- A posterior colpotomy is performed with mobilization of the sacrospinous ligament on the right and left, as well as with an extraperitoneal discharge of the cervix. The SWING BAND tape is fixed with 2-3 non-absorbable sutures to the cervix, the ends of the tape using trocars are drawn through the sacrospinous ligament and are brought out to the skin through the gluteal muscles 3-4 cm laterally from the anus under the sciatic tubercles on the right and left. Subsequently, slight traction is carried out at the ends of the tape, leading to pulling the cervix into the dome of the vagina and fixing it in the correct anatomical position
- All patients underwent a comprehensive clinical examination, including medical history and a physical exam. All patients underwent vaginal and rectal examination with an assessment of the prolapse stage and determination of the leading prolapse point using the POP-Q system (ICS 1996).The treatment effectiveness was evaluated immediately post-surgery, as well as at 1, 6, and 12-month follow-up visit. The maximum follow-up period of 12 months was recorded in 16 patients (30.7%), the minimum at 2 months in 5 patients (9.6%).

• DEMOGRAPHIC AND CLINICAL CHARACTERISTICS OF PATIENTS

Variables (N = 52)	***M (SD)***
Average age (years)	61.3 ± 10.1
Body mass index (kg / m²)	29.3 ± 4.3
	n (%)
Prolapse stage POP-Q (ICS 1996)	
- POP-Q III	42.2%
- POP-Q IV	57.8%
History of prolapse correction surgery	4 (7.7%)

• SIMULTANEOUS OPERATIONS PERFORMED DURING SYSTEM INSTALLATION SWING BAND.

Operation	***n (%)***
Amputation of the cervix	4 (7.7%)
Perineoplasty	8 (15.3%)
Sling procedures	3 (5.7%)

RESULTS

- The average duration of the operation was 61 (*SD* = 9) minutes. No intraoperative complications were noted. In the early postoperative period, daily vaginal sanitation with antiseptic solutions was performed, and antibacterial drugs were prescribed. In order to prevent bladder hyperactivity, short-term m-anticholinergic drugs were prescribed. In the early postoperative period, one case of hematoma of the posterior vaginal wall was recorded.
- We evaluated the anatomical results of sacrospinous fixation as “positive” if there was a stage of POP-Q prolapse in the postoperative period 0-I (ICS 1996). After 6 months, 30 patients (57%) had prolapse ≤ I POP-Q (ICS 1996), 3 patients (5.7%), the lower edge of the vaginal wall was 1 cm above the hymen. One year after surgery, in 2 (12.5%) of 16 patients, the location of the lower edge of the vaginal wall was 1 cm higher than the hymen. In 14 (87.5%) patients, the prolapse stage was evaluated by us as 0-I POP-Q (ICS 1996).

- THE MAIN SURGICAL TREATMENT RESULTS

	N = 52
Relapse of apical prolapse	0
Relapse cystocele	4(7/6%)
Stress urinary incontinence de novo	3 (5.7%)
Urgent urinary incontinence de novo	2(3/8%)
Constipation de novo	0
Length of hospital stay	4 ± 1.5
Residual urine over 100 ml	3 (5.7%)
Hematoma	1(1.9%)

- CONCLUSION

  The first results of using the SWING BAND system for the surgical treatment of PIP-Q stage III-IV pelvic organ prolapse (ICS 1996) suggest the efficacy of this procedure. The restoration of normal anatomical relationships between the pelvic organs and the structures of the pelvic floor was achieved in 87.5% of cases. However, further follow-up of patients is necessary to evaluate long-term results of treatment.