

Hysterectomy or Uphold Uterine conservation in women with apical prolapse: a parallel cohort study

– 6m results

Young N², Leitch A², Ow L², Melendez J², Edwards G², Chao F², Lim Y¹, Lee J¹⁻³, Rosamilia A^{2,4}, Lim Y¹, Dwyer P^{1,3}



1. Mercy Hospital for Women 2. Monash Medical Centre 3. University of Melbourne 4. Monash University

Baseline

	VH n= 50	Uphold n=52	P value
Age M± SD	61.7±9.2	63.6±9	0.2981
Menopause n (%)	42 (84%)	48 (92.3%)	0.1930
Sexually active n(%)	29 (58%)	26 (50%)	0.4178
HRT	Local = 5	Local = 11	0.2392
	Oral = 2	Oral = 1	
Parity median (IQR)	3(2, 3.25)	2 (2,3)	0.105
BMI M± SD	25.8± 6	26.3±3.8	0.6736
Prev POP/UI op n	2	5	0.2621
Point Aa median (IQR)	2 (0.5, 2)	1 (1,2)	0.4973
Point Ba	2 (0.5, 2)	1 (1, 2)	0.6148
Point C	1(-1.5, 2)	0 (-2, 1)	0.1954
TVL	9.5(8,10)	9 (9, 10)	0.9789
Ap	-2(-2, 0.5)	-2(-3, 0)	0.2361
Bp	-2(-2, 0.5)	-2(-3, 0)	0.2596
Stage 2 POP n(%)	23 (46%)	27 (51.9%)	0.5497
Stage 3 POP	25 (50%)	23 (44.2%)	0.5595
Stage 4 POP	1 (2%)	1 (1.9%)	1
PGI-S median(range)	3(1-4)	3(1- 4)	0.6599
POPDI-6 M± SD	43.9± 21	41.9±24.6	0.6795
CRAD-8	25.4±20.3	25.9±22	0.9093
UDI-6	38.6±26	37±25	0.7649
PFDI-20	107.4± 55.7	104.9± 60.2	0.8344
PFIQ	27.1± 28.7	37.7± 45.2	0.5137
PISQ	28.3± 8.9	30.9± 8	0.2719
EQ5D	6.4± 2.5	6.8± 1.7	0.5177
EQ5D Health score median(range)	75 (40-100)	80 (40-100)	0.3976

Introduction

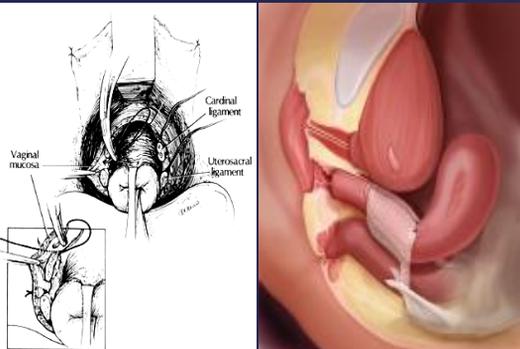
Whilst sacrospinous hysteropexy had similar outcomes to vaginal hysterectomy (VH), anterior vaginal mesh has superior objective outcome to native tissue colporrhaphy. A comparative study was set out to evaluate the two approach.

Patient Selection & Intervention

Women with symptomatic uterine descent referred for surgery. VH (with McCall Culdoplasty or High Uterosacral suspension) or Uphold uterine conservation was performed

6m Results

	VH (n =50)	Uphold (n=52)	P value
6month			
PGII (median &range)	1 (1-3)	1(1-3)	0.3745
POPDI-6 M± SD	9.6 ±13.7	12.6±16.5	0.3644
CRAD-8	12.7±10	15.4±14.7	0.3112
UDI-6	19.2± 18.1	18.3± 19.4	0.8220
PFDI 20	41.65± 32.5	46.4± 40.7	0.5492
PISQ12	34.9± 4.9	33.6± 8.7	0.5221
PFIQ7	11.5± 27.5	12.6± 24	0.8416
EQ5D	6.1± 0.4	5.8 ±0.3	0.5355
EQ5D Health score	85	80	0.6069
Ba median (IQR)	-1(-2, -0.75)	-2 (-2, -1)	0.1280
C	-6(-8, -4.75)	-6.5 (-7,-5)	0.6291
Bp	-3(-3,-2)	-2 (-3, -2)	0.6059
TVL	9 (8, 10)23	10 (9, 10)	0.0054
Apex stage ≥2 n	0	0	1
Ant Stage ≥2 n	27 (54%)	21 (40.4%)	0.1684
Post Stage ≥2 n	10 (20%)	8 (15.4%)	0.5410
Stage ≥2 in any compartment n(%)	32 (64%)	24 (46%)	0.0702
Incidence of SUI	12/50 (24%)	18/46 (39%)	0.1101
Reoperation	0	3 (5.8%)	0.2329
Mesh exposure		2	0.1613
SUI Operation		2	
rPOP operation		0	
Composite cure n(%)	41 (82%)	45 (86.5%)	0.5287



Outcomes & Sample size

Primary: incidence of any stage 2 POP. Composite cure: no leading edge beyond hymen, absence of bulge symptoms and no retreatment. Secondary: PFDI-20, PFIQ-7, PISQ-12, PGII, EQ5D. 80% power, one sided α 0.05, clinical difference of 20% with a recurrence rate of 30% for VH, 15% attrition, total sample of 114 anticipated.

Results

112 patients were recruited from Aug2011 to June 2016. Baseline characteristics balanced between groups for known confounders, including symptom severity. Composite cure rate was 82% for VH and 86.5% for Uphold, with no statistically significant difference between two groups in objective, subjective and function outcomes. Patient reported outcomes improved (PFDI20) between time points with no difference between two groups. The improvement in the subscale exceeded known MIDs (POPDI -21, CRADI -5, UDI -8/11)

Conclusion

Uphold and VH appear to have equivalent objective and subjective cure at 6m with no significant difference in surgical complications.

COI: Investigator led ethics approved trial received an educational grant from BSCI

	Grade 1	Grade 2	Grade 3
Clavien-Dindo			
Uphold	9 prolonged catheterization	3 (2x UTI's and 1 mesh exposure – oestrogen0)	4 (mesh excision 2AT2S1), 2 repeat surgery SUI, vaginal adhesion
Vaginal hysterectomy	1	7 (1 vault infection, 1 haematoma, 1 PE, 4 UTI)	