Il Prolasso Urogenitale

esiste una

terapia ideale?

C. Oliva
The Best Therapy

The Good The Bad & The Ugly

SURGERY PESSARY OBSERVE
What makes a Gold Standard?
POP Repair

...SURGICAL GOLD STANDARD

Broadly applicable
Teachable
Predictable
Surgical management of pelvic organ prolapse in women (Review)

Maher C, Feiner B, Baessler K, Schmid C

This is a reprint of a Cochrane review, prepared and maintained by The Cochrane Collaboration and published in The Cochrane Library 2013, Issue 4

http://www.thecochranelibrary.com

WILEY
3 Variables

POP

Pts

Surgeon
Benign Functional Pathology
By the Bedside of the Patient

Lessons for the Twenty-First-Century Physician
The different approaches

Complications

Costs and Means

The Ideal Surgeon
Candidates for Surgical Treatment

- Check before induction of anesthesia
- Check before skin incision
- Unchecked before patient leaves operating room

First of All
Strongly Encouraged Patient Safety Practices

POP - Symptoms

- incontinenza urinaria
- ostruzione urinaria
- incontinenza fecale
- ostruzione fecale

Urgenza/frequenza/nicturia

- dolore pelvico cronico,
  dolore anale/vescicale

No Symptoms, No Surgery

Ellerkmann RM. Am J Obstet Gynecol 2001; 185:1332
Asymptomatic POP

& Other Pelvic Floor Procedure (e.g. SUI Surgery) grade 2C

No Repair as Isolated Procedure

NO POP Surg
Asymptomatic POP

POP Surgery Option

<table>
<thead>
<tr>
<th>POP Progression Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concomitant Hysterectomy</td>
</tr>
<tr>
<td>Premenopause</td>
</tr>
<tr>
<td>Obesity</td>
</tr>
</tbody>
</table>

Advanced POP

Lebanese Medical Journal 2013 • Volume 61 (1)
WHICH TECHNIQUE AND WHICH APPROACH FOR WHICH PATIENT?

POP Surgery
Key Points of POP Surgery

Technique and Approach

1. Reconstructive or Obliterative
2. Concomitant Hysterectomy
3. Surgical Route
4. Use of Surgical Mesh
5. Concomitant Anti-Incontinence Surgery
Key Points of POP Surgery

The Patient

- Age
- Sexual and Physical Activity
- Surgical Contraindications - Comorbidities
- Relapse Risk Factors
- Functional Symptoms
- Expectations
Age

Young
Menopausal
Elderly

*The Three Ages of Woman*
Gustav Klimt - 1905
Young Women

Hysteroptosis

Several Compartments

Uterine Sparing

Fertility Desire
Young Women

Hysteroptosis

- Manchester Procedure??
- Sacrospinous Uterine Fixation
- Laparoscopic Sacrohysteropexy
- POPS (Pelvic Organ Prolapse Suspension)

Young Women

Uterine Sparing

• Risk of Intrapartum Complications?
• Risk of Postpartum Recurrence?

Few Data

Maher CF. Int Urogynecol J Pelvic Floor Dysfunct 2001; 12:381
Kovac SR. Am J Obstet Gynecol 1993; 168:1778
Young Women

Several Compartments

Uterus Preservation is NOT Systematic

Sacral Colpopexy

• POP Stage 3-4
• One-Compartment Recurrences

Vaginal Prosthesis

Laparoscopic Robotic

Dyspareunia

Painful Prosthetic Retraction 10%
Elderly Women

Over 70

Vaginal Approach

Native Tissue Reconstructive Procedures

Hysterectomy

Anterior and Posterior repair

Vaginal Vault

SSP sacrospinofixation

Recto-Vaginal Fascia Plication and Levator Ani Low Miorrhaphy
Elderly Women
Over 70

Vaginal Approach

Obliterative Procedures

PROS
• Short Operative Duration
• Low Risk of Perioperative Morbidity
• Low Risk of POP Recurrence

CONS
• Loss of Vaginal Intercourse
• Inability to evaluate Cervix

COLPOCLEISIS
Elderly Women

Over 70

Pessary ± Perineoplasty
Elderly Women

Recurrences

Vaginal Approach

PROSTHESIS

Anterior – Medial POP Recurrence

Abdominal Approach?

Intra- and Postoperative Complications
Menopausal Women

Age alone is not determinant

Vaginal Approach

Native Tissue Repair

PROSTHESIS

Manchester/SSP Fixation Procedure

Abdominal Approach

Laparoscopic Robotic

60-70 yrs
Key Points of POP Surgery

The Patient

<table>
<thead>
<tr>
<th>Age</th>
<th>Sexual and Physical Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Surgical Contraindications - Comorbidities</td>
</tr>
<tr>
<td></td>
<td>Relapse Risk Factors</td>
</tr>
<tr>
<td></td>
<td>Functional Symptoms</td>
</tr>
<tr>
<td></td>
<td>Expectations</td>
</tr>
</tbody>
</table>
## Relapse Risk Factors

### 29% likelihood of recurrence

<table>
<thead>
<tr>
<th>PROSTHESIS</th>
<th>Vaginal Laparoscopy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anterior – Medial POP</td>
<td></td>
</tr>
</tbody>
</table>

- Severe POP
- Collagen Disease
  - BMI >30
- Chronic Cough
- Occupations and Sports
- Age <60 (life expectancy)

Olsen AL. Obstet Gynecol 1997; 89: 501-6
Salvatore S. Neurourol Urodyn 2009; 28: 301-4
Key Points of POP Surgery

The Patient

- Age
- Sexual and Physical Activity
- Surgical Contraindications - Comorbidities
- Relapse Risk Factors
- Functional Symptoms
- Expectations
### Comorbidities & Contraindications

**PROSTHESIS**

<table>
<thead>
<tr>
<th>Vaginal</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Risk of Poor Healing or Infection</em></td>
</tr>
</tbody>
</table>

- Diabetes (poorly controlled)
- Tobacco Intoxication (risk x3)
- Vaginal Atrophy
- Pelvic Radiation
- Prior Prosthesis Exposure/Infection
- Hip Flexion prevented

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*Withagen MI. Obstet Gynecol 2011 Sep; 118 (3): 629-36*
Comorbidities & Contraindications

sacrocolpopexy  LPS/Robotic

General Anaesthesia

• Respiratory/Heart Failure
• BMI >30-35
• Multiple Laparotomies
• Spondylodiscitis

Uterine Sparing Contraindications

- Oncologic Risk
- TMX treatment
- Abnormal Uterine Bleeding
- Cervical Pathology
- Myomas, Adenomyosis
- No Gynaecologic Screening
Key Points of POP Surgery

The Patient

- Age
- Sexual and Physical Activity
- Surgical Contraindications - Comorbidities
- Relapse Risk Factors
- Functional Symptoms
- Expectations
Sexually Active Women

Sexuality & POP Surgery

No Deterioration

Improvement

Lukacz ES. AJOG 2007;197.
Handa et al AJOG 2004
Sexual Function and POP Surgery

Sacrococcolpopexy

Young Women – Sexually Active

Superior to Sacrospinal Fixation

Maher C, Cochrane Database Syst Rev 2010: CD004014
Sexual Function & POP Surgery

The possibility of a negative impact on Sexual Function needs to be described in the informed consent form.

Liang CC. Int Urogynecol J, 2012
Sexual Function & POP Surgery

• **DYSPAREUNIA worsens significantly**

• De Novo Dyspareunia = **7.1% after Syntetic Prostheses**

WOMEN <60

NO Literature Admission Use among Sexually Active Women


Sexual Function & **ANT** Surgery

Sexual Function and Dispareunia rates

**anterior** polypropylene mesh

similar (grade B)

**anterior** colporrhaphy

Dietz V, Maher C. Int Urogynecol J, 2013
There is insufficient information to provide evidence-based recommendations on sexual function after vaginal mesh in the posterior compartment or after new lightweight or absorbable meshes (grade D).

Dietz V, Maher C. Int Urogynecol J, 2013
POSTERIOR Surgery

Vaginal Native Tissue

Isolated Rectocele

76-90% success rate

The Consensual Treatment

Conclusions
Gold Standard?
Pessary
Women undergoing either surgery or pessary for symptomatic prolapse experience goal attainment and improvements in physical, social, and emotional functioning, although surgery is associated with greater improvements.

Do Patients Prefer a Pessary or Surgery as Primary Treatment for Pelvic Organ Prolapse

Patients tend to prefer surgery for POP.
SacroColpoPexy

Is it

Sometimes

The Best

For POP repair?
SacroColpoPexy

When The Best

Woman with Symptomatic POP who...

• Have apical+anterior >> posterior support loss
• Wish to optimize sexual function
• Compromised vaginal length/caliber
• Had prior unsuccessful trans-vaginal repairs
• Accept a mesh-based repair procedure
• Have need for certain concomitant abdominal or pelvic surgery
Una volta selezionata la paziente per l’intervento, occorre selezionare l’intervento più appropriato per quel tipo di paziente.
Age

Young
- Uterine Sparing
- PROMONTOFIXATION Lps-Robot
- Vaginal Meshes (POP Stage 3-4) (Recurrences)

60-70
- Vaginal Approach
- NATIVE – PROSTHESIS – SSP Fixation
- PROMONTOFIXATION Lps-Robot

>70
- Vaginal Approach
- Hysterectomy - NATIVE Reconstruction – Colpocleisis
- Recurrences: Vaginal Prosthesis
Cervical/Uterine Pathology
Planned Hysterectomy
No Desire for Future Pregnancy
No Desire for Uterine Preserving

YES
Hysterectomy

NO
No Hysterectomy

RECONSTRUCTIVE Surg

High Recurrence Risk
Short vagina
Intrabdominal Pathology

Low Recurrence Risk
Abdominal Surg NOT Tolerable
Vaginal Route Preferred

Abdominal Surgical Route

Vaginal Surgical Route
Goals of POP Surgery

- SYMPTOMS relieving
- ANATOMY restoration
- To AVOID New Anatomical and/or Functional Damages
- Top ALLOW Normal Urination, Defecation, Sexual Activity
La Paziente con Prolasso Urogenitale esiste una tailored therapy

C. Oliva

Ob & Gyn Dpt - San Filippo Neri Hospital - Rome

cosimo.oliva@asl-rme.it