

عنوان مقاله:

Comparison of the Functional and Anatomical Outcomes of Abdominal Sacrocolpopexy and Vaginal Sacrospinous Ligament Suspension for the Treatment of Apical Prolapse

محل انتشار:

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خلاصه مقاله:

Background & Objective: Pelvic organ prolapse (POP) is accompanied by a remarkable decline in the quality of life. Determining the best surgical approach for women with POP is difficult because of outcome variations. We compared the outcomes of pelvic organ prolapse (POP) treatment by abdominal sacrocolpopexy (ASC) and vaginal sacrospinous ligament suspension (SSLS) for advanced apical prolapse beyond the level of the hymen (stage \geq II). **Materials & Methods:** This retrospective study was conducted on a case series of 58 ASC and 48 SSLS surgeries, which were performed through the posterior approach for advance prolapse during January 2019-April 2020. Pelvic Floor Disability Index (PFDI-20) questionnaire was completed both at the first visit and a year postop. All patients were visited ten days after the procedure and re-visited after 2, 4, 6, and 12 months. **Results:** Of a total of 106 women, 80 cases completed the study (n=40 in each group). Within-group analysis showed that the overall score of PFDI-20 and its subscales decreased in both evaluated groups after surgery ($P < 0.001$). However, the between-group analysis revealed that this reduction in the ASC group was statistically significant in the total score of PFDI, POPDI-6, and UDI-6 subscales ($P < 0.05$). In addition, vaginal length was demonstrated to improve in both groups, which was statistically significant in the ASC group ($P = 0.001$). The stage of prolapse was improved in both groups ($P < 0.001$), and it was more significant in the ASC group ($P = 0.049$). There was no statistically significant difference between the SSLS and ASC in terms of the rate of satisfaction (93% vs. 100%; $P = 0.241$). **Conclusion:** According to our findings, ASC and SSLS diminished the symptoms of POP. The surgery approach should be chosen based on the condition of patients, POP stage, and the experience of surgeons.

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