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LAPAROSCOPIC APICAL PROLAPSE SURGERY IN A DISTRICT GENERAL HOSPITAL

N. H. El-Attabi

Wrightington, Wigan and Leigh NHS Trust, UK

Introduction

Laparoscopic apical prolapse surgery was introduced into our hospital in 2014 and to date we have carried out 51 Sacrohysteropexies and Sacrocolpopexies. We now present our outcomes.

Method

51 patients, from 2014-18, had a laparoscopic Sacrohysteropexy or Sacrocolpopexy. Retrospectively, we reviewed our outcomes using the hospital records and information entered on the British Society of Urogynaecology (BSUG) database.

Results

47 of the 51 patients were followed up after 3-6 months; 42 rated their symptoms as better to very much better. 3 patients rated their symptoms as the same or a little better. The remaining 2 patients did not have their symptoms recorded on the BSUG database. No patients were identified as having mesh erosion. Significant complications occurred in 3 patients; 2 patients had extensive adhesions during the operation one of whom was noted to have a bowel perforation 5 days postoperatively and the other had a postoperative haematoma and subsequent recurrence of the prolapse. Another patient had a Verres needle stomach perforation necessitating conversion to open surgery with a subsequent burst abdomen. Postoperatively, 3 patients had minor complications; 1 patient had an uncomplicated wound infection, 1 had a urinary tract infection and 1 patient had back pain. 15 patients developed new or worsening bladder symptoms including stress incontinence, urgency and voiding difficulties, however the majority did not require treatment for these.

Conclusion

Our complication rates, both intra-operatively and post-operatively are below the quoted national rates. Our patient satisfaction rates at follow up, along with no mesh erosions and very low recurrence rates of apical prolapse indicate that with appropriate training and good teamwork it is possible to provide laparoscopic Sacrohysteropexy and Sacrocolpopexy procedures within a DGH. Increasing patient numbers over the next few years will enable a more extensive analysis of the service.