

Transvaginal bilateral sacrospinous fixation after second recurrence of vaginal vault prolapse: anatomical and functional outcomes, quality of life and sexual function.

S Vitale (IT) [1], D Rossetti (IT) [2], M Noventa (IT) [3], A Vitagliano (IT) [4], G Saccone (IT) [5], V La Rosa (IT) [6], A Laganà (IT) [7]

Context. Second recurrence of vaginal vault prolapse (VVP) is defined as prolapse of the vaginal vault or upper vagina after two previous reconstructive surgeries. The transvaginal bilateral sacrospinous fixation (TBSF) is one of the surgical procedures used for the treatment of VVP.

Objective. We aimed to study the efficacy of TBSF and its impact on quality of life (QoL) and sexual function in women affected by second recurrences of VVP.

Methods. We performed a prospective observational study on 20 sexually active patients affected by second recurrence of VVP, previously treated with monolateral sacrospinous fixation.

Patients. Sexually active, non-smoker, menopausal and symptomatic (sensation of heaviness or pulling in the pelvis, tissue protruding from the vagina, discomfort during sex, urine leakage in case of cough, sneeze or exercise, urine retention) patients affected by recurrent VVP after vaginal hysterectomy and subsequent previous transvaginal monolateral sacrospinous fixation, stage II or higher according to the POP-Q system.

Interventions. TBSF was performed in all the patients. They were evaluated before the surgery and at 12 months follow-up through POP-Q system, Short Form-36 (SF-36) and Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire (PISQ-12).

Main outcome measures. Efficacy of TBSF and impact on quality of life and sexual function.

Results. At 12 months follow-up, 18 of 20 (90%) patients had been cured of their recurrent VVP. No major intra- and post-operative complications occurred. We found a significant improvement in 4/5 POP-Q landmarks (excluding total vaginal length), SF-36 and PISQ-12 scores.

Conclusions. According to our data analysis, TBSF appears to be safe, effective and able to improve both QoL and sexual function in patients affected by second recurrence of VVP after previous monolateral sacrospinous fixation.

[1] Unit of Gynecology and Obstetrics, Department of Human Pathology in Adulthood and Childhood "G. Barresi", University of Messina, Messina, Italy., [2] Unit of Gynecology and Obstetrics, Desenzano del Garda Hospital, Section of Gavardo, Gavardo, Brescia, Italy., [3] Department of Woman and Child Health, University of Padua, Padua, Italy., [4] Department of Woman and Child Health, University of Padua, Padua, Italy., [5] Department of Neuroscience, Reproductive Sciences and Dentistry School of Medicine, University of Naples Federico II, Naples, Italy., [6] Unit of Psychodiagnostics and Clinical Psychology, University of Catania, Catania, Italy., [7] Unit of Gynecology and Obstetrics, Department of Human Pathology in Adulthood and Childhood "G. Barresi", University of Messina, Messina, Italy.