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MODALITIES OF TREATMENT OF PELVIC ORGAN PROLAPSE IN A TERTIARY CARE HOSPITAL (GMCH) AND ITS SHORT TERM FOLLOW UP

Dr. Bhanita Deka	MD Assistant Professor, Department Of Obsterics And Gynaecology, Gauhati Medical College & Hospital
Prof. Dr. Panchanan Das	MD Professor And Head Of The Department, Obstetrics & Gynaecology, Gauhati Medical College & Hospital
Dr. Navi Khupneichong Haolai*	Post Graduate Resident, Gauhati Medical College & Hospital *Corresponding Author

ABSTRACT Pelvic organ prolapse is an increasingly common condition seen in women with advancing age. The objective of this study is to observe the different modalities of treatment of pelvic organ prolapse and evaluate its outcome. In this study, all patients with pelvic organ prolapse, attending Gynae OPD or admitted in GMCH were included. **Results:** In this study, 45(22.5%) patients were advised to use vaginal tampon, 9(4.5%) patients were advised Kegel's exercise, 125(62.50%) patients were treated with VH + PFR, , 15 (7.5%) patients underwent vaginal hysterectomy (VH), 4(2%) patients underwent VH + PFR + Sacrospinous fixation and 2 (1%) patients were treated with Fothergills' surgery. The feedback received revealed that 118(59%) were satisfied and responded well to the treatment, 26 (13%) patients were not satisfied and from the remaining 56(28%) patients, no feedback had been received. It was observed that satisfaction was higher in patients who had surgical intervention.

KEYWORDS : Pelvic Organ Prolapse, POP, Kegels, Vaginal hysterectomy

Pelvic organ prolapse is an increasingly common condition seen in women with advancing age. It refers to protrusion of one or more female pelvic organs outside the pelvis through the vagina including uterus, bladder and intestines, and causes the pelvic organs to drop down. (1) It can cause significant discomfort, pain and can greatly impact activities of daily living, sexual life and exercise, as well as have a negative effect on a woman's body image(2)

The treatment options for POP are varied and should be tailored to the individual patient's needs, though the general principal is that treatment should be given only to those that are symptomatic. Conservative management includes PFMT (Pelvic Floor Muscle Training), vaginal tampon and pessary insertion. Well-established surgical options available include anterior colporrhaphy, posterior colpoperiorrhaphy, different types of sling operations, both open, laparascopic and robotic assisted laparascopic operation, Le forte's colpocleisis, sacrospinous fixation etc. Some of these procedures can be performed with or without the addition of synthetic mesh. Although its use has been associated with good success rates, (3) there has been significant controversy regarding the use of mesh in recent years (4) with severe complications resulting in significant long-term disability (5)

The present study is proposed to evaluate the different modalities of treatment for pelvic organ prolapse in a tertiary care centre.

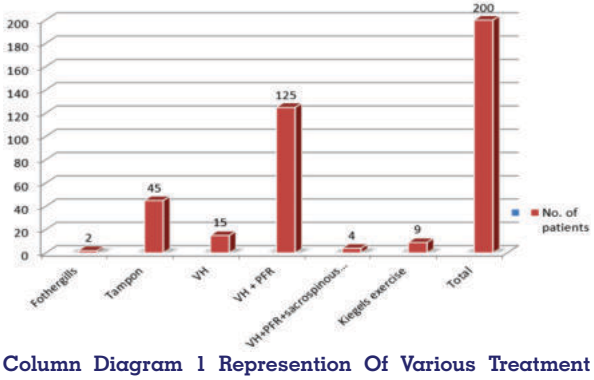
METHODS:

A hospital based prospective observational study was done in a tertiary care hospital(GMCH) from July 2021-June 2022. All patients with pelvic organ prolapse attending Gynae OPD or admitted in GMCH were included after their informed consent for the study. They were subjected to detailed history taking and questions using a questionnaire, general and physical examination, specific examination in the form of per speculum and per vaginal examination. Information like: socio demographic characteristics (age, parity, occupation and religion), determinants of utero-vaginal prolapse, presenting complaints and degree of prolapse, treatment modalities, and patient's feedback following the treatment was collected. The patients were reviewed in the OPD after the treatment or were contacted over the phone to enquire about their condition. The data was analysed and results were expressed as percentage and frequency tables.

RESULTS:

Table 1 Treatment Modalities Of Pelvic Organ Prolapse

Treatment	Number	Percentage
Kegel's exercise	9	4.5%
Tampon	45	22.5%
VH	15	7.50%
VH + PFR	125	62.50%
VH + PFR + Sacrospinous fixation	4	2%
TOTAL	200	100%



Column Diagram 1 Represention Of Various Treatment Modalities

Total 70,106 patients attended G-OPD GMCH during the study period, out of which 1196 patients (1.7%) had Pelvic Organ Prolapse. As per statistical criteria, 200 patients were randomly selected for the study and observed for further analysis.

In our study, 7 (3.5%)cases belonged to the age group <=39 years, 25 (12.5%) cases belonged to the age group 40 – 49 years, 53 (26.5%) cases in the age group 50-59 years followed by 93 (46.5%) cases in age group 60-69 years and 22 (11%) cases in age group >=70 years. The average age was 58 years. Post-menopausal cases were 171 (85.5%) and 29

(14.5%) cases were in the reproductive age group in our study. There were 7 (3.5%) nulliparous women, 4 (2%) patients with para 1, 23 (11.5%) patients with para 2, 71(3.5%) patients with para 3 and 95 (47.5%) patients with para > =4.

The Body Mass Index (BMI) recorded among the patients in this study are: 193(96.5%) cases were of normal weight, 5 (2.5%) cases were overweight and 2 (1%) cases were under weight. In our study, 80(40%) patients reported with family history of prolapse and 120(60%) had no family history of prolapse. In the present study, 193(96.5%) patients had children, out of which 82 (42.50%) patients had vaginal delivery at home, 77 (39.90%) had vaginal delivery at hospital and 26 (13.50%) had instrumental vaginal delivery at hospital and the other 8(4.10%) had Lower Segment Caesarean Section (LSCS).

Common symptoms observed in our study were: 196 (98%) had stress urinary incontinence, 175 (87.5%) complained of protrusion of mass per vagina, 60 (30%) with dyspareunia, 53(26.5%) with burning micturition, 40(20%) had backache, 18(9%) had constipation and 7 (3.5%) patients had chronic cough. In our study, 13(6.5%) cases had 1st degree prolapse, 123(61.5%) cases had 2nd degree prolapse and 39 (19.5%) cases had 3rd degree prolapse and 5 cases had procidentia. Decubitus ulcer was found in 52(27.5%) cases, 9(4.5%) cases had elongated cervix, 4(2%) had associated kidney disorder and 2(1%) patients had hypertrophied cervix. In our study, 45(22.5%) patients were advised to use vaginal tampon, 9(4.5%) patients were advised Kegel's exercise, 125(62.50%) patients were treated with VH + PFR, , 15 (7.5%) patients underwent vaginal hysterectomy (VH), 4(2%) patients underwent VH + PFR + Sacrospinous fixation and 2 (1%) patients were treated with Fothergills' surgery.

Majority of the cases 111(76%) had no complications. However, 16(10.8%) cases had urinary retention, 7 (4.7%) cases had vault infection, 5 (3.42%) cases were febrile, 4 (2.7%) patients complained of post- operative perineal pain and discomfort,3 (2%) cases complained of vaginal bleeding in the immediate post-operative period. Average post-operative hospital stay was 8 days. 111 patients with no post-op complication were discharged on 5th postoperative day. For secondary haemorrhage, 3 patients had to stay for 10 days, 5 with post-op fever were discharged after 7days, 4 patients with perineal pain and discomfort stayed for 5 days, 16 cases with urinary retention had to stay for 7 days, 7 with vault infection were discharged after 14 days. At 6 months follow up, 121(60.5%) patients had no complains, 24(12%) patients had difficulty passing urine and 55(27.5%) patients lost follow up.The feedback received reveals that 118(59%) were satisfied and responded well to the treatment, 26 (13%) patients were not satisfied and from the remaining 56(28%) patients, no feedback has been received.

DISCUSSION:

In the present study, the prevalence of POP was 1.7% similar to the findings of E Sujindra et al.

Table 2 Prevalence of POP

AUTHOR	YEAR	PREVALENCE
Eleje et al (71)	2014	6.5%
E. Sujindra et al (70)	2014	1.8%
Mant et al (19)	1997	2.04%
Present study	2021	1.7%

It was found that 85.5% were post-menopausal, 14.5% were in the reproductive age group. The average age was 58 years.

Table 3 Percentage of post-menopausal women having POP

AUTHOR	YEAR	MENOPAUSE
Sujindra et al	2015	77%
Present Study	2021	85.5%

In this study, 22.5% of patients were given tampon, 2% underwent Fothergill's surgery, 7.5% vaginal hysterectomy, 62.5% underwent VH+PFR2% had VH+ PFR+ Sacrospinous Fixation., 4% were given Kegel's exercise.

Findings observed regarding treatment in the study were comparable with study conducted by Sujindra et al.

Table 4 Treatment given

AUTHOR	YEAR	TREATMENT		
Sujindra et al	2015	Variable	No. of Patients	Percentage
		Nonsurgical	66	33.7
		Pessary	5	2.5
		Kegel's exercise	61	31.1
		Surgical	130	66.3
		Vaginal Hysterectomy	24	12.2
		VH+PFR	94	
		Manchester Repair	11	5.6
		Sacrospinous Colpopexy	1	0.5

Majority of the cases 111(76%) had no complications. However, 16(10.8%) cases had urinary retention, 7 (4.7%) cases had vault infection, 5 (3.42%) cases were febrile, 4 (2.7%) patients complained of post- operative perineal pain and discomfort,3 (2%) cases complained of vaginal bleeding in the immediate post-operative period. There was no incidence of bladder injury in our study.

CONCLUSION:

Pelvic organ prolapse is an increasingly common condition with advancing age and can have a significant adverse impact on one's quality of life. Patients with asymptomatic or mildly symptomatic POP can be managed conservatively with PFMT and vaginal tampon with regular follow-up and observation, in deteriorating situation, they need definitive treatment. Patients presenting with higher degree POP were satisfactorily managed with surgery depending on the situation. Uterine prolapse associated with decubitus ulcer were treated initially with vaginal tampon and some of them required screening for malignancies. After proper healing of the ulcers, definitive surgical procedures were performed. The appropriate management strategy of POP is based on patient's presenting symptoms, its complications and associated co-morbidities, the available treatment modalities and shared decision with individual patient.

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