



## EVALUATION OF THE OUTCOME AND QUALITY OF LIFE AFTER SURGICAL TREATMENT OF GENITAL PROLAPSE

### Gynaecology

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### ABSTRACT

**Introduction:** Genital prolapse is a common problem with distressing symptoms with back pain, urinary and faecal incontinence etc. Surgery is considered as curative treatment. Identifications of complications associated with surgery enables us to anticipate and identify preventive methods and counsel these women appropriately. **Aims and Objectives:** To evaluate immediate, early and within 1 year complications of surgery and health related quality of life. **Materials and Methods:** A Longitudinal study done from July 2018 to November 2019 in OBG Department at Adichunchanagiri Institute of Medical sciences, Bellur, Karnataka. Study included 98 women seeking cure for genital prolapse and its associated complications including their compromised quality of life. All 98 women underwent vaginal hysterectomy with pelvic floor repair. **Result:** In this study we found peak incidence of age of women seeking treatment is more than 50yrs. Duration of working hours in genital prolapse compared with control group it was found that working hours in prolapse patients is significantly reduced. 1 year after surgery it improved in comparison to preoperative condition. Immediate and early post-operative complications out of 98 women 2 had primary hemorrhage, 1 had wound infection, 3% had recurrence of cystocele, 1% with vault prolapse. At end of 1 year all were practicing routine activities as they did before surgery 28.5% patients felt left out by their family felt better accepted. 56.25% patients had problem with sexual activities improved it. 25% had psychological problems felt relieved. 100% felt no new symptoms after surgery? **Conclusion:** Genital prolapse compromises health related quality of life. Surgery provides significant symptomatic relief. Health related quality of life is significantly improved within 1 year of surgery.

### KEYWORDS

Pelvic organ prolapse, Quality of life, vaginal hysterectomy

#### INTRODUCTION:

Uterine prolapse, its allied conditions and their treatment constitute one of the major subjects in gynecology. In fact the development of effective operations to alleviate utero-vaginal prolapse was one of the key factors that led to the establishment of gynecologic surgery as a separate specialty. In its advanced state it can be a challenge to the skills of gynecological surgeon. The ability to provide permanent relief of this classic melody with maintenance or restoration of normal function is paramount. Gynecologists also have to deal with even greater challenge of prolapse of vaginal vault after hysterectomy.

11 — 13 % of all women are affected by genital prolapse. Vaginal hysterectomy with pelvic floor repair is the traditional method followed. Hysterectomy is a procedure that has various physical, psychological, and emotional implications. Complication involved with hysterectomy may be divided in to immediate and late. Immediate complications include hemorrhage, injury to bowel, and urinary tract where as delayed complications are vault prolapse, urinary, bowel or sex problems, change in quality of life like abstinence, restriction of physical activities etc. Identification of prevalence of such problems enables us to anticipate and identify preventive methods and counsel these women appropriately..

#### AIM AND OBJECTIVE:

- 1 To know more about immediate complication following surgery for genital prolapse
- 2 To know more about delayed (with as 1 year) complication following surgery for genital prolapse
- 3 To compare Health Related Quality of Life (HRQL) before and after surgery for genital prolapse

Genital prolapse is a common problem met with in day today clinical practice. It is associated with clinical picture of distressing symptoms such as low back pain, urinary incontinence, fecal incontinence etc. It has far reaching medical, psychological and socioeconomic implications.

Hysterectomy mostly vaginal and at times abdominal is the treatment of choice in most of the occasions. Surgery is considered as only curative treatment at present, but for most of the distressing problems of the patient surgery itself is not the end of the management.

This study was conducted to evaluate the immediate, early and within 1- year complications of the surgery for genital prolapse and health related quality of life (HRQL) in this period

#### MATERIALS AND METHODS:

A Longitudinal study done from July 2018 to November 2019 in OBG Department at Adichunchanagiri Institute of Medical sciences, Bellur, Karnataka. Study included 98 women seeking cure for genital prolapse and its associated complications including their compromised quality of life. All 98 women underwent vaginal hysterectomy with pelvic floor repair. Follow up was arranged on 15th day, 1st, 3rd, & 6th months, & 1 year post operatively.

Questionnaire to assess health related quality of life included:

1. Does she practice her routine activities?
2. Does she feel left out by her husband or children?
3. Does she have problem with her sexual activities?
4. Does she suffer from any psychological problems?
5. Does she attend social functions?
6. Does she attend family gatherings?
7. Does she feel left out 'by any way'?

There are 2 questions asked particularly to postoperative patients:

1. Does any symptom aggravated after surgery?
2. Does any new symptom appear after surgery?

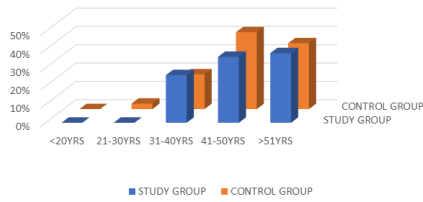
#### RESULT:

Incidence of genital prolapse in different age group:

TABLE 1

AGE	STUDY GROUP	CONTROL GROUP
<20YRS	0%	0%
21-30 YRS	0%	3%
31-40YRS	26%	19%
41-50YRS	36%	42%
>51YRS	38%	36%

FIG 1



**INFERENCE**

Most of the patients seeking treatment for genital prolapse are in their 5th decade of life.

**Duration of working hours: BEFORE SURGERY**

TABLE 2

DURATION	STUDY GROUP	CONTROL GROUP
< 6HRS	14%	3%
6-8HRS	67%	63%
8-10HRS	17%	29%
>10 HRS	2%	5%

**3 MONTHS AFTER SURGERY.**

TABLE 3

DURATION SAME AS BEFORE	DURATION DECREASED	DURATION INCREASED
9%	91%	0%

**6 MONTHS AFTER ESURGERY**

TABLE 4

DURATION SAME AS BEFORE	DURATION DECREASED	DURATION INCREASED
60%	36%	4%

**1 YEAR AFTR SURGERY**

TABLE 5

DURATION SAME AS BEFORE	DURATION DECREASED	DURATION INCREASED
78%	11%	11%



FIG 2

FIG 3

**INFERENCE:**

Duration of working hours was improved after surgery in those women whose working hours was limited directly due to genital prolapse and its complications.

**Operative and postoperative complications**

TABLE 6

Complications	Percent
Primary Heamorrhage	2%
Bladder injury	0%
Bowel injury	0%
Ureteric injury	0%
Secondary heamorrhage	1%
Wound infection	1%
Pulmonary embolism	0%
shock	0%
Phlebo-thrombosis	0%
Paralytic ileus	0%

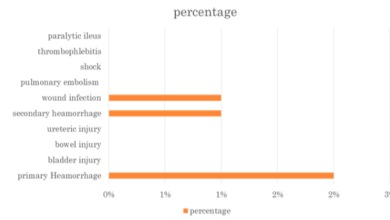


FIG 4

**INFERENCE:**

Primary haemorrhage, secondary haemorrhage & wound infection are met occasionally. Other major complications are extremely rare. Hence vaginal hysterectomy with PFR for genital prolapse is relatively safe surgery

**HEALTH RELATED QUALITY OF LIFE (HRQL) BEFORE SURGERY**

TABLE 7

QUESTIONS	STUDY GROUP		CONTROL GROUP	
	YES	NO	YES	NO
1.Does she practices her routine activities?	100%	0%	100%	0%
Does she feel left out by her children or husband?	7%	93%	2%	98%
Does she have problems with sexual activities?	48%	52%	5%	95%
Does she suffer from any psychological problems?	4%	96%	2%	98%
Does she attend social functions ?	88%	12%	96%	4%
Does she attend family gatherings?	92%	8%	99%	1%
Does she feel left out by anyway?	10%	90%	2%	98%

**Study group 1 –year after surgery**

TABLE 8

QUESTIONS	YES	NO
Any symptoms aggravated after surgery?	1%	99%
Any new symptoms appeared after surgery?	0%	100%
Does she practices her routine activities?	100%	0%
Does she feel left out by her children or husband?	5%	95%
Does she have problems with sexual activities?	21%	79%
Does she suffer from any psychological problems?	3%	97%
Does she attend social functions ?	92%	8%
Does she attend family gatherings?	98%	2%
Does she feel left out by anyway?	6%	94%

**INFERENCE:** One year after surgery all patients could practice their routine activities. 28.57% of patients felt that they are better accepted. 56.25% felt their sexual activities improved 25% of the patients who had psychological problems improved after surgery.33.3% of the patients who were not attending social functions before surgery started attending. 75% who were not attending family gatherings started attending. 40% of patients who felt that they were left out felt better accepted after surgery 99% felt no aggravation of their symptoms.100% felt no new symptoms after surgery.

**DISCUSSION**

The incidence of prolapse in deferent age group are compared to present series, in the present maximum incidence of prolapse were in more than 51 years of age group that is 38%. Tiwari & Agarwal, Purandare reported maximum incidence in 21 to 30yrs age group

TABLE 9

Age	Tiwari & agarwal	Purandare	Present
<20y	0%	0%	0%
21-30y	42%	40%	0%
31-40y	32%	0%	26%
41-50y	12%	0%	36%
>51y	14%	0%	38%

TABLE 10

COMPLICATION	CHOWDHARI	TIWARI	PRESENT
Primary Haemorrhage	7%	7.1%	2%
Bladder injury	0%	0%	0%
Bowel injury	0%	0%	0%
Ureteric injury	0%	0%	0%
Secondary haemorrhage	10%	10.6%	1%
Wound infection	0%	0.7%	1%
Pulmonary embolism	0%	0%	0%
shock	0%	2.9%	0%
Phlebo-thrombosis	0%	0%	0%
Paralytic ileus	0%	0%	0%

In the present study 2 % has primary haemorrhage and 1 % had secondary haemorrhage. There were no other immediate or early complications in the present study.

Other series which was conducted by chowdhari gives 7% of primary haemorrhage and 10% of secondary haemorrhage.

Tiwari and Agarwal gives incidence of 7.1% primary haemorrhage and 10% had secondary haemorrhage, 0.7% of wound infection and 2.9% of shock

### CONCLUSION:

Genital prolapse compromises health related quality of life. Surgery provides significant symptomatic relief. Health related quality of life is significantly improved within 1 year of surgery.

Surgical management of genital prolapse are planned and elective surgical procedures with minimal immediate and early complications (in this study 2 % primary hemorrhage , 1 % of wound infection , and 1% secondary hemorrhage).

Vaginal hysterectomy with pelvic floor repair is associated with very minimal late (with in one year) complications ( in this study 1% recurrence of vault prolapse and 3% recurrence of cystocele and rectocele).

Surgeries provides significant symptomatic relief to the women affected by genital prolapse.

HRQL in women is significantly improved with in one year of surgery for genital prolapse

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