

RESEARCH NEWS

Poor long term outcomes after prolapse surgery

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Researchers estimate that a third of women who have an abdominal sacrocolpopexy for pelvic organ prolapse can expect the operation to fail within seven years (estimated probability 0.34). The estimated failure rate is close to a half for women who have a prophylactic anti-incontinence procedure at the same time (0.48). Long term follow-up of a randomised trial that compared sacrocolpopexy with or without a prophylactic Burch urethropexy also reported high rates of stress incontinence during long term follow-up. Rates were lower (but still high) in women who had urethropexy (estimated probability 0.62 v 0.77 at seven years; difference -0.153, 95% CI -0.268 to -0.03). All participants were continent when recruited.

The probability of further prolapse rose steadily in both groups during the extended follow-up. About half the women who

developed anatomical evidence of prolapse had symptoms and few had repeat surgery. Overall, 215 women started the extended study and 126 completed follow-up. Erosion of the synthetic mesh placed during surgery occurred in 23 women from the original trial—an estimated probably of 10.5% over seven years, say the researchers (95% CI 6.8% to 16.1%).

These long term results challenge our assumptions about this kind of prolapse surgery, says a linked editorial (p 2045). We now know the benefits can be short lived, and women should be given realistic expectations before they embark on surgery. They should also be warned of the risks of adding synthetic mesh to a prolapsed repair while we wait for further research on more contemporary lightweight materials.

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