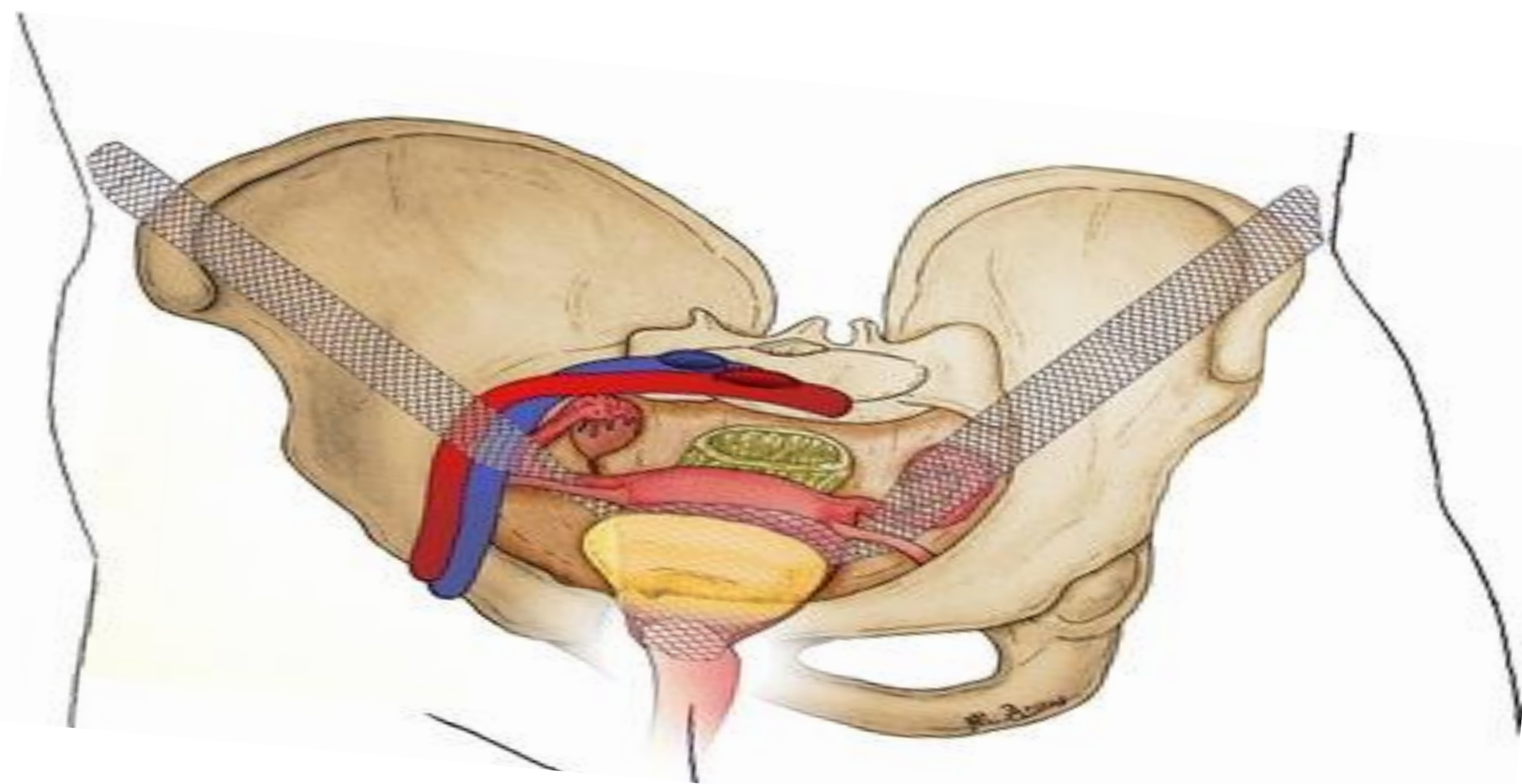


Lateral Suspension versus Sacropexy for apical prolapse: a randomized clinical trial

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Objective:

Sacropexy is considered the gold standard treatment for apical pelvic organ prolapse (POP), However, quality evidence is lacking to recommend lateral suspension as a safe effective alternative. Our objective is to compare perioperative outcomes and recovery trajectory between abdominal sacro-hystro/colpo-pexy and lateral suspension for treatment of apical prolapse.



Design:

Single university affiliated center randomized clinical trial (NCT03772691, www.clinicaltrials.gov) (IRB approval:17200283) that is powered to detect the difference in the incidence of de-novo stress incontinence within 18 months after lateral suspension compared to sacro-hystro/colpo-pexy. The current report will report on the periprocedural outcomes and recovery trajectory of both procedures.

Method:

Women aged 18-75 years having apical prolapse of POP-Q stage ≥ 2 , with or without other compartmental prolapse were enrolled and randomized in 1:1 ratio utilizing permuted blocked randomization to the assigned procedure. Both procedures were conducted according to the standardized care by the same surgeons. Baseline, operative and postoperative data were recorded. The operative time was calculated exclusively for the procedure steps. Postoperative complications were categorized according to the Clavien–Dindo classification. The study reporting followed the IUGA-ICS guidelines. Comparisons between treatment groups were evaluated utilizing the t-test, Wilcoxon rank sum test, and chi-square test as appropriate.

Results

Seventy-three out of 74 randomized women underwent treatment. Both treatment groups were comparable in age, parity, marital status, POP-Q staging categories, associated comorbidities, and preoperative stress incontinence. However, 81% of women in lateral suspension group were obese compared to 44% in the sacropexy group ($P:0.001$).

Women in the lateral suspension group ($n=37$) have higher BMI (Mean $\pm$ SD; 33.9 ± 4.2 vs 29.9 ± 4.2 ; $P<0.001$) and higher preoperative hemoglobin (Median(IQR); $11.8(2.1)$ vs $11(1.9)$; $P<0.05$). Women in sacropexy were more likely to have lengthy procedure and hospital stay as well as more time for bowel functions compared to lateral Suspension (Median(IQR): $53.5(9.3)$ vs. $41(10)$ minutes, $P<0.001$; $2.5(1)$ vs $2(1)$ day, $P:0.04$; $2(1)$ vs $1(.0)$ day, $P<0.001$). In both groups, a total of 18 concurrent hysterectomies have been done. There was no difference in the concurrent procedures between treatment groups. In the whole cohort ($n=73$), 5 postoperative complications were reported in 4 patients: 1 grade I, 3 grade II, and 1 grade III. The only intraoperative complication was excess bleeding in 4 patients who received blood transfusion. There were no significant differences regarding intraoperative and postoperative complications between treatments.

Conclusion:

Lateral suspension and sacro-hystro/colpo-pexy have comparable safety profile in terms of perioperative outcomes. However, women underwent sacro-hystro/colpo-pexy have lengthy procedures and recovery.