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OBJECTIVES

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- Pelvic organ prolapse may occur in up to 50% of parous women. In UK, more than one in 10 parous women will require at least one surgical procedure for pelvic floor disorders over their lifetime.
- The patients are generally not young and have one or more comorbidities, making them prone to increased risks of General/Regional anaesthesia.
- If the surgery is done under Local anaesthesia(LA), it can lead to speedy recovery, same day discharge(mimicking Enhanced Recovery pathway) and significant reduction in anaesthetic and hospital-acquired complications.

DESIGN

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The team of Urogynaecologists initiated Anterior/posterior fascial Prolapse repair surgery under LA after patient discussion and informed consent in District General Hospital. Then, we conducted an initial review to identify learning points for future improvements, followed by a re-evaluation after implementing the changes over a six-month period.

METHODS

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A retrospective review of 34 patients who underwent anterior/posterior pelvic floor repair under LA at a District General Hospital was carried out over a nine month period (01/04/2022-31/12/2022)with consent(after patient data opt-out check).

Various parameters including the procedure's effectiveness and patient satisfaction were evaluated. Learning points were made and implemented in practice. Recommendations were made to improve care.

A re-evaluation on the same parameters (01/06/2023-31/10/2024) was performed. Data was compared with NICE guidelines.

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CONCLUSIONS

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INNOVATION & LEARNING POINTS

1. Use of fine gauge needles for local anaesthetic infiltration with adrenaline significantly reduces patient discomfort during prolapse repair surgery.
2. Discussing all available pain relief options with patients in the clinic prior to surgery ensures informed consent and better preparation.
3. Promptly switching to general anaesthesia when patients are not tolerating the procedure under local anaesthesia improves overall patient experience and safety.

OUTCOMES

- The re-audit confirmed that surgery under local anaesthesia (LA) is a safe and effective alternative to general or regional anaesthesia.
- Performing surgery under LA allows for:
 - Same-day discharge,
 - Avoidance of urinary catheter and vaginal pack,
 - Reduction in hospital-acquired infections,
 - Fewer complications in patients with multiple comorbidities.

DISCUSSION

- Rising life expectancy has led to increased demand for prolapse repair surgeries, especially among elderly patients.
- This quality improvement project supports the viability and benefits of minimally invasive techniques under local anaesthesia.
- The approach paves the way for enhanced patient-centred care, reduced healthcare burden, and improved surgical outcomes

RESULTS

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Key Data:

- More than half of patients (68%) were in the age group between 50-70.
- Majority (85%) of the patients were multiparous women.
- Around 6/10 of the patients (59%) did not have previous vaginal surgeries.
- More than half of the patients (58%) had undergone conservative management prior to surgery.
- Majority (92%) did not require urodynamics earlier as they did not have any urinary incontinence symptoms.
- Around 50% of the patients felt a bulge and 40% presented with obstructive defecation as Presenting complaints.
- Same number of the patients had anterior and posterior of pelvic floor repair.

Outcome Data:

- None of the patients experienced any complications.
- All the patients (100%) were discharged on the day of the surgery.
- 85% of females were contented and felt improvement/cured after the procedure.
- Audit - 42% of females were contented (16% were very contented) while Readit - 94% of females were satisfied (34% very satisfied) after the procedure.
- Audit - 16% of females were not contented while Readit - Only 6% of females were not satisfied after the procedure.
- Overall, only 12% of patients were not contented when the results of both the audits were combined.

	STANDARD	STANDARD	DCH
Same day Discharge (Total - Re-audit and Audit)	(100%)		34/34 (100%)
Complications (Total - Re-audit and Audit)	(0%)		0/34 (0%)
Improvement (Re-audit) (Audit) Total	(100%)		14/15 (93%) 15/19 (79%) 29/34 (85%)
Number of Patients satisfied with the procedure (Re-audit) Total	(100%)		14/15 (93%) 22/34 (65%)
Number of Patients satisfied with the procedure (Audit)	(100%)		8/19 (42%)
Number of Patients not satisfied with procedure (Re-audit) (Audit) Total	(0%)		1/15 (6%) 3/19 (16%) 4/34 (12%)

References-
1. Surgery for pelvic organ prolapse Curr Opin Urol 2016 Jul;26(4):302-8.
2. Surgical management of pelvic organ prolapse in women Cochrane Database Syst Rev. 2013 Apr 30;(4):CD004014.
3. A national survey of UK practice for day-case vaginal prolapse surgery : Unrealistic expectations? Eur J Obstet Gynecol Reprod. 2024 Feb;293:72-77.
4. Int Urogynecol J. 2020 Oct;31(10):2109-2116.
doi: 10.1007/s00192-020-04326-0. Epub 2020 Jul 2.Vaginal hysterectomy with anterior and posterior repair for pelvic organ prolapse under local anaesthesia: results of a pilot studyStavros Athanasiou 1, Dimitrios Zacharakis 2, Themos Grigoriadis 2, Theodoros Papalios 2, Eleni Pitsouni 2, Dimitrios Valsamidis 3, Sofia Hadzillia 3PMID: 32617637 DOI: 10.1007/s00192-020-04326-0
5. Comparative Study Eur J Obstet Gynecol Reprod Biol 2004 Feb 10;112(2):214-6. doi: 10.1016/j.ejogrb.2003.06.011. Anterior vaginal wall repair using local anaesthesia