



RECURRENCE OF UTERINE PROLAPSE AFTER PELVIC FLOOR SURGERY

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Objective: How to prevent the recurrence of UV prolapse after pelvic floor surgery.

Design: Retrospective case note analysis of patients who were treated surgically for UV(uterovaginal) prolapse in a district general hospital between 15th May 2018 to 15th May 2021(3 years).

Method: Patients were identified from the theatre log for urogynaecological surgery for uterovaginal prolapse (UV prolapse). This information was cross-referenced with medical records and operation notes. Recorded details included age, parity, BMI, co-morbidities, previous surgeries, complications, operative findings, and surgery type.

Results: 236 Patients met the inclusion criteria with an age range between 42 and 84 years old. Out of these 236 patients, 67 patients had a history of previous pelvic floor repair, and 41 patients presented with recurrence. 11 patients had a history of previous repair and, after 2nd surgery, presented with recurrence again, and 2 of them had 3rd surgery. Out of 41 patients who presented with recurrence,10 had repeat surgery. The general rate of recurrence after PFR was 17.37. Recurrence was 82% in post-menopausal women. Recurrence was highest in the anterior+posterior repair group at 34.14%. Recurrence in other groups was as follows,

- Post. repair group 29.26%
- Ant. repair group 26.8%
- SSF (sacrospinous fixation) 7.31%
- Recurrence was more common in BMI <30 in all groups and ages 22% of women with recurrence had co-morbidity as Asthma, COPD (risk factors for UV prolapse as a result of increased intra-abdominal pressure). Most patients in the recurrence group had hypertension, likely age-related and not a risk factor for uterine prolapse. Five percent had a history of total hysterectomy with vault prolapse, and five percent had fibromyalgia.

Conclusion: Based on the results presented above, the following recommendations are suggested:

- Improve access to primary and secondary care for timely investigation and treatment, potentially reducing invasive surgery and recurrence.
- Educate women on the early signs of uterine prolapse and the importance of seeking prompt medical advice. Promote pelvic floor exercises after vaginal deliveries to strengthen muscles and enhance long-term outcomes.
- Establish effective clinical pathways for pelvic floor weakness with prompt GP referrals to physiotherapy to minimize the need for invasive treatments.
- Conduct ongoing audits to monitor the prevalence and management of uterine prolapse, helping to identify areas for improvement.