

IMPROVEMENT OF PELVIC PAIN ASSOCIATED WITH PELVIC ORGAN PROLAPSE AFTER RECONSTRUCTIVE SURGERY

Author’s: Samia aijaz , Urooj Kashif, Novera chughtai, Summera malik

Background: Pelvic organ prolapse (POP) significantly impacts women's quality of life, with symptoms including pelvic pain and dyspareunia. This study aims to evaluate the improvement of pelvic pain, including low backache, pelvic pain, and dyspareunia, following pelvic floor reconstructive surgery.

Methods: A prospective cohort study was conducted at the Aga Khan Hospital Karachi, enrolling 35 women with POP. Patients were followed from February 2022 to January 2023, assessing outcomes through validated questionnaires (POPDI-6, FSFI) preoperatively and at 1, 3, and 6 months postoperatively. The study focused on the impact of surgery on pelvic pain and dyspareunia, with an analysis of potential factors influencing pre-operative pain severity.

Results: The mean POPDI-6 scores significantly decreased from 59.05±45.15 pre-operatively to 7.14±15.54 at 6 months postoperatively, indicating a significant improvement in pelvic pain(p=0.007). However, contrasting evidence from Ulrich et al. suggests that specific surgical techniques, like levator plication, may increase postoperative dyspareunia rates.

Conclusion: Pelvic floor reconstructive surgery effectively improves pelvic pain and reduces dyspareunia in women with POP. The study highlights the need for personalized treatment approaches, considering individual patient characteristics and comorbidities, such as diabetes, which may influence pain severity and surgical outcomes.

Table I: Demographic Characteristics of the Patient(n=35)			
Variable	Pre-Operative Pain		P-Value
	Moderate (n=25)	Severe (n=10)	
Age,Mean ± SD	55.96 ± 10.57	50.60 ± 7.33	0.153
35-50 Years	7 (53.8)	6 (46.2)	0.077
>50 Years	18 (81.8)	4 (18.2)	
Body Mass Index,Mean ± SD	23.24 ± 2.58	21.70 ± 2.54	0.119
18-24kg/m²	16 (64.0)	9 (36.0)	0.129
>24kg/m²	9 (90.0)	1 (10.0)	
Marital Status			
Married	25 (71.4)	10 (28.6)	N/A
Diabetes Mellitus			
Diabetic	3 (33.3)	6 (66.7)	0.007
Non-Diabetic	22 (84.6)	4 (15.4)	
Hypertension			
Hypertensive	6 (100.0)	0 (0.0)	0.109
Non-Hypertensive	19 (65.5)	10 (34.5)	
Parity,Mean ± SD	3.28 ± 0.93	3.20 ± 1.54	0.852
Mode of Delivery			
Vaginal Delivery	25 (71.4)	10 (28.6)	N/A
Menopausal Status			
Pre-Menopausal	18 (75.0)	6 (25.0)	0.380
Post Menopausal	7 (63.6)	4 (36.4)	
Pre-Operative Staging			
Stage II	2 (66.7)	1 (33.3)	0.493
Stage III	13 (81.3)	3 (18.8)	
Stage IV	10 (62.5)	6 (37.5)	
Category of POP			
Cystocele, apical prolapse, rectocele	1 (100.0)	0 (0.0)	0.401
Apical prolapse	2 (66.7)	1 (33.3)	
Apical prolapse, rectocele	0 (0.0)	1 (100.0)	
Cystocele, apical prolapse	13 (81.3)	16 (18.8)	
Cystocele, apical prolapse, rectocele	9 (64.3)	5 (35.7)	0.504
Duration of POP,Mean ± SD	1.72 ± 0.45	1.60 ± 0.51	

TABLE 2: Improvement and Severity of Pelvic Pain based POPDI-6 (n=35)				
	Pre-Operative	1ST Month	3RD Month	6TH Month
POPDI-6	59.05±45.15	36.42±28.01	12.14±19.52	7.14±15.54
Improvement				
Yes	0 (0.0)	8 (22.9)	24 (68.6)	28 (80.0)
No	35 (100.0)	27 (77.1)	11 (31.4)	7 (20.0)
Pain Severity				
No Pain	0 (0.0)	4 (11.4)	13 (37.1)	23 (65.7)
Mild	0 (0.0)	31 (88.6)	21 (60.0)	12 (34.3)
Moderate	25 (71.4)	0 (0.0)	01 (2.9)	0 (0.0)
Severe	10 (28.6)	0 (0.0)	0 (0.0)	0 (0.0)

Table 3: Multivariate Regression Analysis PredictingChange in Postoperative Pain at 6 Months(n=35)			
Variables	Regression	95% CI	P-Value
Age	1.339	0.320 ---- 5.613	0.689
Moderate Pain	0.706	0.155 ---- 3.224	0.653
Body Mass Index	1.313	0.270 ---- 6.372	0.736
Post Menopausal	0.875	0.197 ---- 3.895	0.861
Pre-Operative Stage-II	0.833	0.062 ---- 11.27	0.282
Duration of POPDI	1.143	0.257 ---- 5.087	0.861
Diabetes Mellitus	3.393	0.703 ---- 16.38	0.128
Hypertension	0.950	0.148 ---- 6.115	0.957
Improvement at 1 Month	0.567	0.095 ---- 3.363	0.532

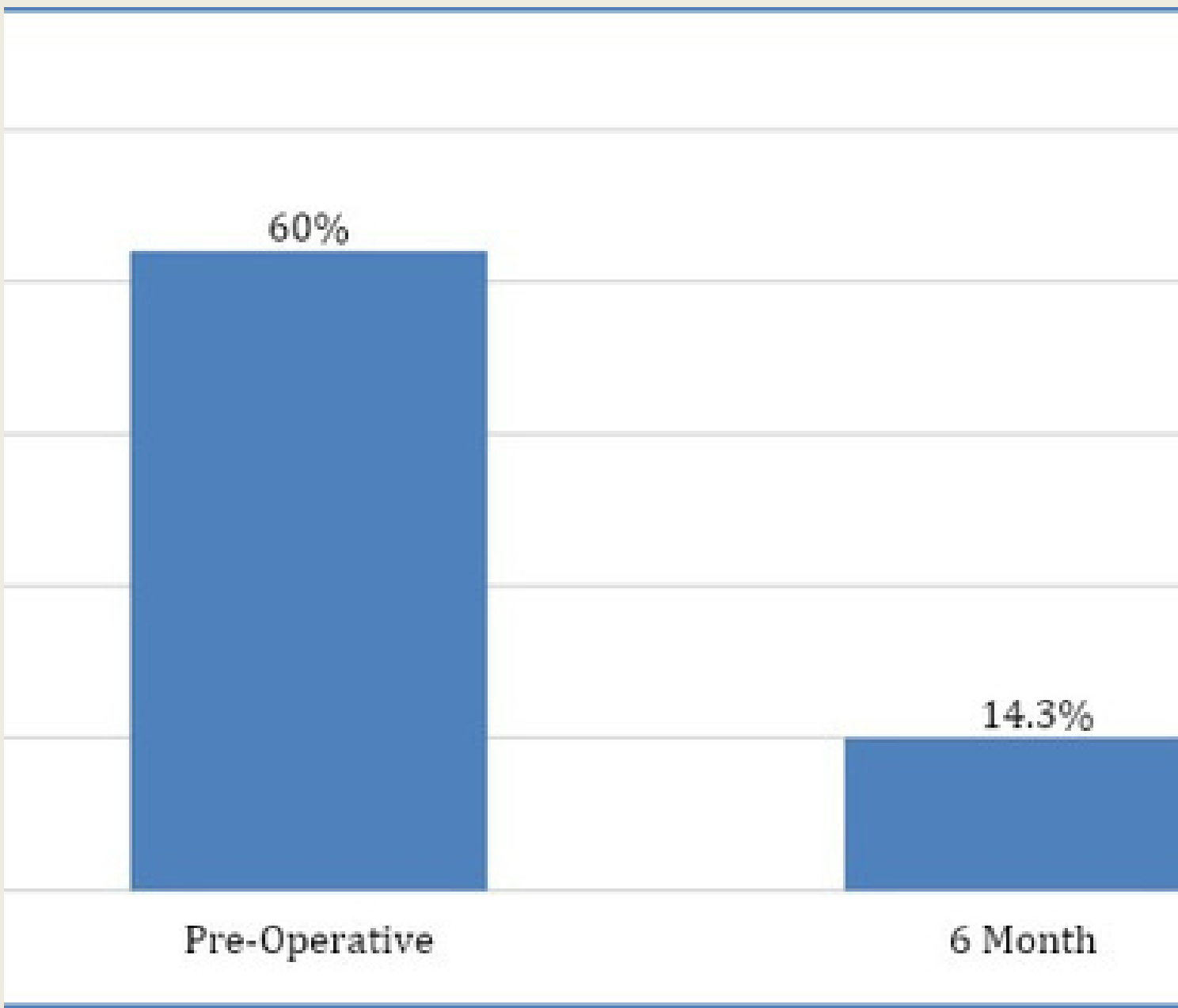


FIGURE 1: Dyspareunia (Pre-Operative & After 6 month)
**P-Value Pre-Operative & After 6 months (0.063).