

Sacrospinous fixation - an audit of immediate postoperative outcomes

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Introduction

Sacrospinous ligament fixation (SSF) procedure aims to prevent apical prolapse. Anterior and posterior vaginal repairs may fail unless the apex is adequately supported. RCOG standards include using a POP-Q classification to grade prolapse; using a standardised quality of life (QOL) assessment; post-operative POP-Q stage of 1 or 0 as objective success.

Objective

We aimed to look at the outcome of all SSF procedures at University Hospitals Sussex NHS Foundation Trust (East), to assess success, recurrence and complication rates against national standards.

Design

- ❖ Retrospective case note review of SSF procedures from January 2023 to January 2024
- ❖ Results compared to previous annual audits from 2015-17, and to the RCOG / British Society of Urogynaecology green-top guideline.

Complications	Frequency
Apical prolapse	2.4% (1/41)
Anterior wall prolapse recurrence	10.5% (4/41)
Intraoperative complication	0
Haematoma*	2.4% (1/41)
Buttock pain >3 months	0
Urinary symptoms ongoing/worsened	26% (11/41)

Table 1: Complications of SSF procedures. *Requiring surgical intervention.

Methods

- ❖ 48 patients identified from surgical coding; 41 included (full notes available)
- ❖ Used a standard proforma for each: demographics, pre-operative and post-operative symptoms and findings at 3 month follow up; Pelvic Organ Prolapse Quantification (POP-Q) and International Consultation on Incontinence Questionnaire (ICIQ) scores

Results

- ❖ 8/41 vaginal hysterectomy concurrently; 6/41 re-do pelvic floor repairs with primary SSF
- ❖ Anterior wall prolapse recurrence (Table 1) continues to improve from previous years of 15% and 10.9% respectively and within RCOG guidance of 8-30%
- ❖ **88% (36/41)** had complete data of ICIQ scores pre & post-operatively
- ❖ Clear documentation of POP-Q in **96% (40/41)**
- ❖ Universal improvement in vaginal symptoms & QOL scores

Figure 1: Distribution of the 41 SSF - anterior/posterior approach and primary/recurrent repair

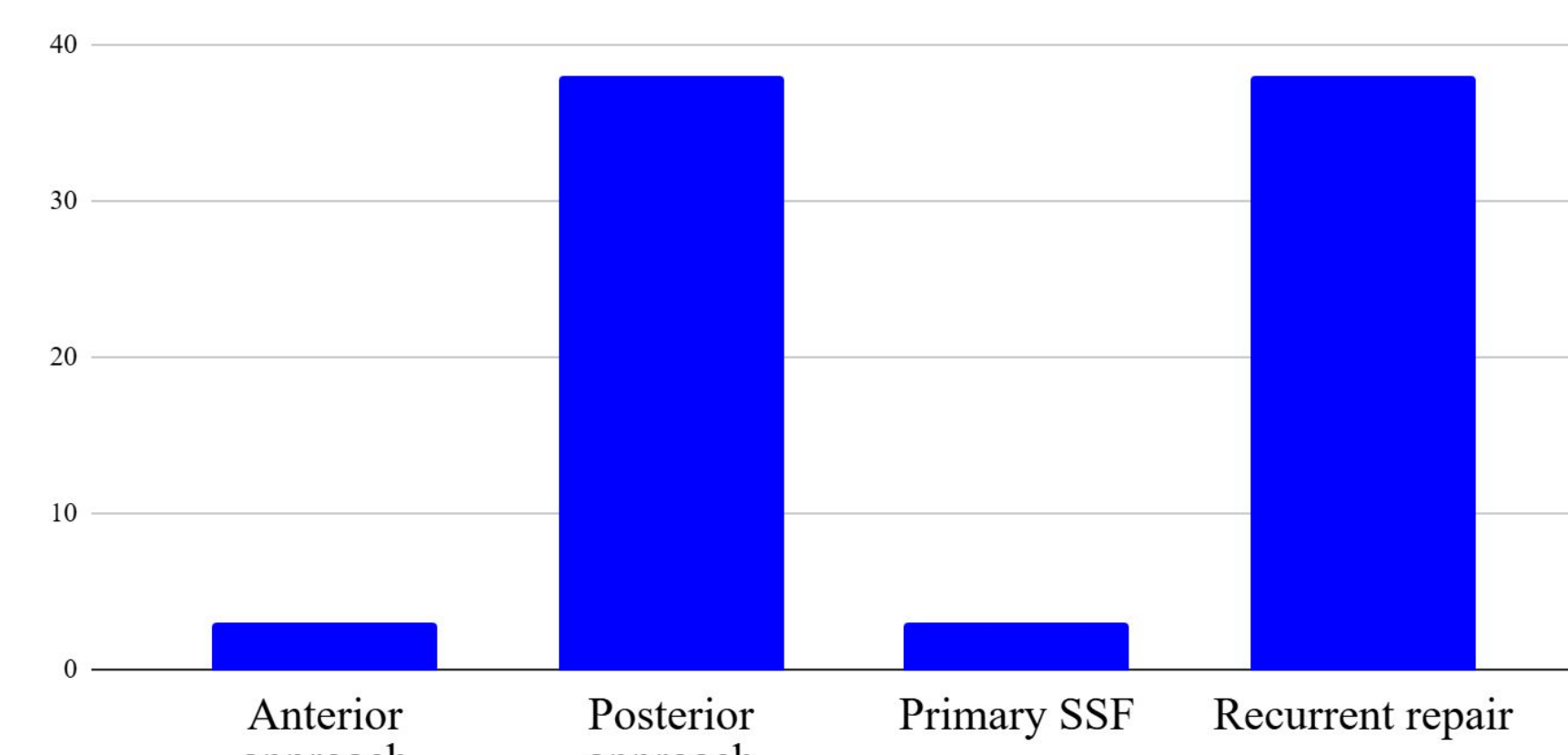
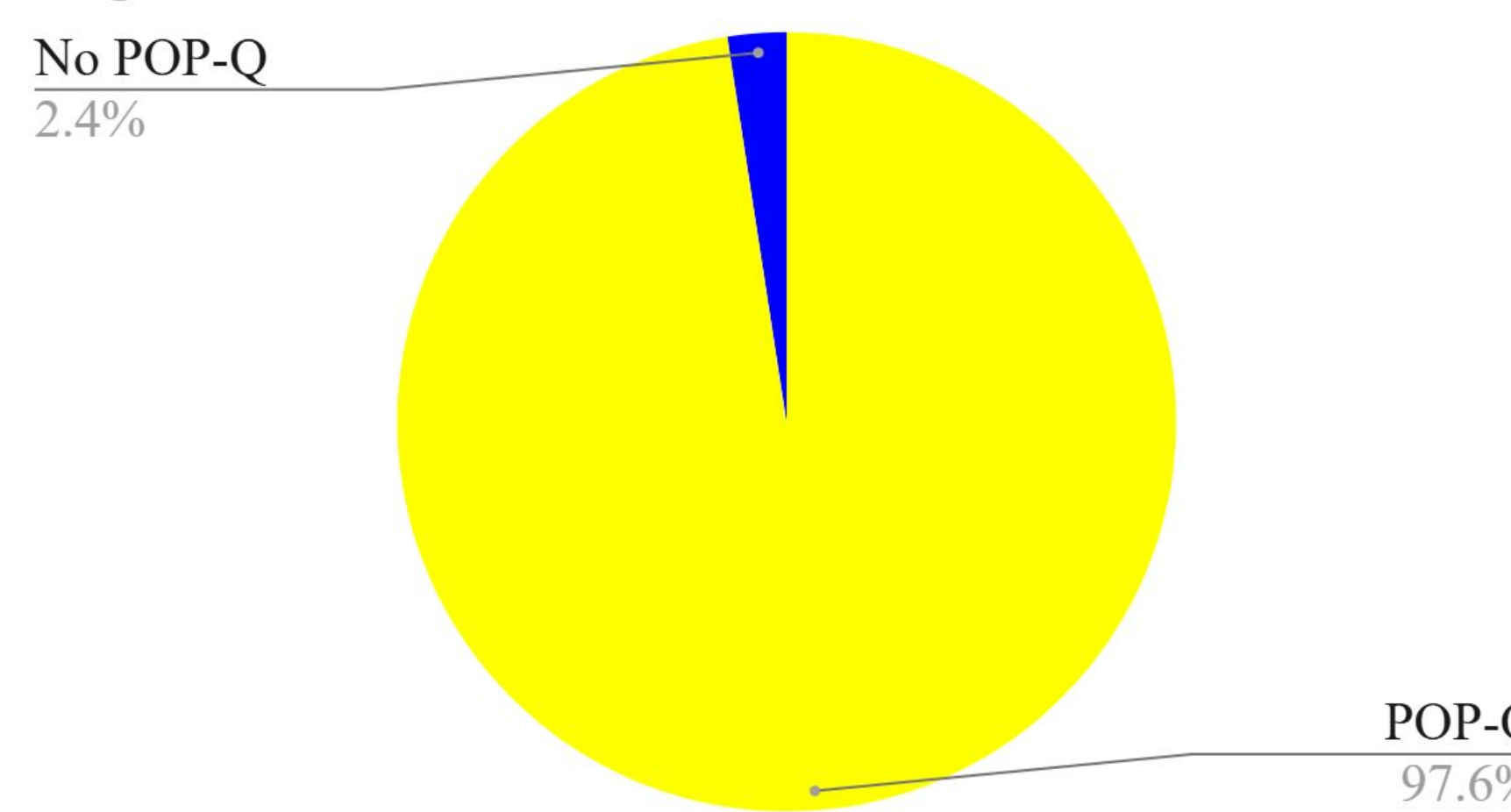


Figure 2: Clear documentation of POP-Q



Conclusion:

- Service is currently meeting/exceeding national standards
- Overall low complication rates
- Significant improvements in ICIQ / POP-Q score documentation
- Recommend for future improvement attaining 100% POP-Q documentation and aim to retrospectively analyse the patients with post-op worsened urinary symptoms to identify any area of improvement in their care.

References

RCOG/BSUG Joint Guideline 2015
Post-Hysterectomy Vaginal Vault Prolapse