SURGERY FOR PELVIC ORGAN PROLAPSE: IS HYSTERECTOMY REQUIRED?

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DISCLOSURES

• NONE
WHY IS HYSTERECTOMY STANDARD OF CARE FOR POP?

• HABIT
  • HISTORICAL & ACCEPTED POP REPAIR
  • TECHNICALLY SIMPLIFIES APICAL SUSPENSION
• KNOWN, REPORTED OUTCOMES
• GYNECOLOGY INFLUENCE ON HISTORICAL PROCEDURES
HISTORICAL PERSPECTIVE

- Hysterectomy considered standard of care
  - Uterus consequence not cause of POP
  - Most literature for POP repair
- Historically POP prevalence > 50 yrs age
  - Most common indication in USA for hysterectomy
- Concerns about future gyn malignancy
- Removal protects against recurrence
POTENTIAL PROBLEMS WITH HYSTERECTOMY

• DOES NOT CORRECT UNDERLYING SUPPORT DEFECT!!

• MAY INCREASE RISK OF DE NOVO
  • INCONTINENCE
  • BLADDER DYSFUNCTION/LUTS
  • PROLAPSE IN OTHER/SAME COMPARTMENTS

• INCREASES PERI-OPERATIVE MORBIDITY
  • BLOOD LOSS
  • NEUROPATHY
IMPLICATIONS ON SEXUAL FUNCTION

- MASTERS & JOHNSON …UTERUS & CERVIX “VITAL ROLE” IN ORGASM & SEXUAL FUNCTION
- SEXUAL IDENTITY & BODY IMAGE
- SENSORY ALTERATIONS IN VAGINA
- AGE
WHY CONSIDER UTERINE PRESERVATION?

• REDUCE MORBIDITY OF POP REPAIR
  • MESH EXTRUSION
  • BLOOD LOSS
  • PELVIC FLOOR DENERVATION INJURY
• REDUCE DE NOVO BLADDER DYSFUNCTION
• PRESERVE FERTILITY YOUNGER COHORT
WHY CONSIDER UTERINE PRESERVATION?

• PATIENT DESIRE
  • BODY IMAGE
  • YOUNG AGE
  • FERTILITY
  • SEXUAL FUNCTION
• CULTURAL FACTORS
• INTERNET/SOCIAL MEDIA/BLOGS
  • MARKETING
  • PERCEIVED PROS/CONS
PELVIC ORGAN PROLAPSE TREATMENT OPTIONS

• SHARED DECISION MAKING
• INDIVIDUALIZED TREATMENT FOR EACH WOMAN
• ADVANCED MATERNAL AGE
  • DESIRE FOR POTENTIAL FERTILITY PRESERVATION
• CULTURAL RESTRICTIONS
CONTRAINDICATIONS TO UTERINE PRESERVATION

Table 1  Contraindications to uterine-preserving surgery

<table>
<thead>
<tr>
<th>Uterine abnormalities</th>
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<tr>
<td>Fibroids, adenomyosis, endometrial pathology</td>
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<tr>
<td>History of current or recent cervical dysplasia</td>
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<tr>
<td>Abnormal menstrual bleeding</td>
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<td>Postmenopausal bleeding</td>
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<td>Familial cancer BRAC1&amp;2 ↑risk of ovarian cancer and theoretical risk of fallopian tube and serous endometrial cancer</td>
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<tr>
<td>Hereditary non-polyposis colonic cancer 40–50 % lifetime risk of endometrial cancer</td>
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<td>Tamoxifen therapy</td>
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<td>Unable to comply with routine gynaecology surveillance</td>
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UTERINE SPARING PROLAPSE REPAIR

- VAGINAL REPAIRS
  - MANCHESTER
  - SACROSPINOUS HYSTEROPEXY
  - UTEROSACRAL HYSTEROPEXY
  - MESH AUGMENTED REPAIRS

- ABDOMINAL REPAIRS
  - UTEROSACRAL PLICATION
  - MESH SACROHYSTEROPEXY

- ROBOTIC/LAPAROSCOPIC SACROHYSTEROPEXY
VAGINAL UTERINE SPARING REPAIRS

- MANCHESTER PROCEDURE
  - CERVICAL AMPUTATION & REATTACHMENT TO CARDINAL LIGAMENTS
- MODIFIED MANCHESTER
  - POSTERIOR PLICATION UTEROSACRAL LIGAMENTS
  - ANTERIOR PLICATION CARDINAL LIGAMENTS

- VARIABLE SUCCESS RATES
- NO LONGER UTILIZED DUE TO BETTER OPTIONS
VAGINAL UTERINE SPARING REPAIRS

• SACROSPINOUS HYSTEROPEXY
  • CERVIX OR UTEROSACRAL LIGAMENTS SUTURED TO SSL
  • POST-OPERATIVE ANTERIOR COMPARTMENT PROLAPSE CAN BE PROBLEMATIC
  • MAINTAINS VAGINAL LENGTH
  • HIGH FAILURE RATES WITH CERVICAL ELONGATION
    • CONSIDER CONCURRENT TRACHELECTOMY
ABDOMINAL UTERINE SPARING POP REPAIRS

• UTEROSACRAL PLICATION
  • UTEROSACRAL LIGAMENTS Plicated & Sutured To Posterior Cervix
  • MIDLINE UTEROSACRAL PLICATION (MCCALL)
  • TECHNICALLY SIMPLEST LAPAROSCOPIC PROCEDURE
  • LAPAROSCOPIC OR ROBOTIC APPROACHES COMMON
  • IDEAL FOR WOMEN DESIRING NON-MESH REPAIR
LAPAROSCOPIC UTEROSACRAL Plication

- Retrospective cohort study
- Median F/U
  - 34.4 MOS USH
  - 21.7 MOS US COLPOPEXY
- Lap paravaginal repairs
  - 69.2% USH
  - 67.5% US COLPOPEXY

Bedford ND et al, J Min Inv Gyn, 2013.
LAPAROSCOPIC UTEROSACRAL PLICATION

- SUCCESS ≤ STAGE 2 POP
- 41% SUCCESS IN USH
- 59% SUCCESS FOR USC
- REPEAT SURGERY
  - 28% USH
  - 21% USC
- HIGHER APICAL FAILURE FOLLOWING USH (27% VS 11%)

Bedford ND et al, J Min Inv Gyn, 2013.
ABDOMINAL UTERINE SPARING POP REPAIRS

- MESH SACROHYSTEROPEXY
  - OPEN, LAPAROSCOPIC AND ROBOTIC
  - MORE COMMON, MORE DATA
  - SAFE & FEASIBLE
  - EFFICACY COMPARABLE TO SACROCOLPOPEXY
  - PROSPECTIVE DATA NOW AVAILABLE
  - CAN BE TAILORED TO ADDRESS ANTERIOR COMPARTMENT

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META-ANALYSIS OF MODERATE QUALITY EVIDENCE

- 53 COMPARATIVE STUDIES (HYSTERECTOMY VS UTERINE SPARING)
- SACROHYSTEROPEXY REDUCES MESH EXPOSURE, OPERATIVE TIME, BLOOD LOSS & COST COMPARED TO HYSTERECTOMY & SACROCOLPOPEXY
- VAGINAL UTEROSACRAL OR SACROSPINOUS HYSTEROPEXY REDUCED OPERATIVE TIME & BLOOD LOSS COMPARED TO VAGINAL HYSTERECTOMY & PROLAPSE REPAIR
- PROLAPSE OUTCOMES SIMILAR BETWEEN GROUPS

American Journal of Obstetrics and Gynecology, 2018
UTERINE PRESERVATION META-ANALYSIS

- Long-term data lacking beyond 3 years
- Long-term risk of uterine pathology not known
- Uterine preservation should be offered to women desiring this approach
- Meta-analysis included wide range of diverse abdominal, laparoscopic/robotic and vaginal procedures

American Journal of Obstetrics and Gynecology, 2018
ROBOTIC SACROHYSTEROPEXY

- IDEAL APPROACH IN YOUNG, SEXUALLY ACTIVE WOMEN WITH APICAL PROLAPSE
- LESS MORBID
- MAINTAIN MENSTRUATION/FERTILITY?
- APPEALING TO SOME POST-MENOPAUSAL WOMEN
  - PSYCHOLOGICAL BELIEFS
  - CULTURAL BELIEFS
ROLE OF UTERINE SPARING

• LONG-TERM DATA ACCUMULATING
• UNKNOWN RISK OF SUBSEQUENT HYSTERECTOMY
• NEED MORE WELL-DESIGNED, PROSPECTIVE TRIALS
  • OBJECTIVE DATA
  • SUBJECTIVE DATA
  • SEXUAL FUNCTION DATA
  • PATIENT SATISFACTION WITH CHOICE?
UTERINE SPARING: CONCLUSIONS

- IDEAL PATIENT CHARACTERISTICS
- SHARED DECISION MAKING
  - PATIENT’S VALUES, IDENTITY & LIFESTYLE
- THOROUGH INFORMED CONSENT
  - CONTINUED GYN SURVEILLANCE
- QUALITY OF LIFE CONDITION
תודה רבה

THE 4th FRIENDS OF ISRAEL UROLOGICAL SYMPOSIUM

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