

MODIFIED SLING PROCEDURE FOR TREATMENT OF UTEROVAGINAL PROLAPSE

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ABSTRACT

Background: Uterovaginal prolapse treatment by surgery is difficult procedure. **Objective:** To evaluate the results of modified sling procedure performed for the treatment of utero-vaginal prolapse. **Methodology:** This cross sectional study was conducted on a case series of 20 patients wishing to preserve their fertility at Sheikh Zayed Hospital, Rahim Yar Khan from 1st January to 31st December, 2016. Data was analyzed by using SPSS 16. The outcome measures were patient satisfaction, success of procedure and complications related to procedure. Inclusion criteria was young patients of 20-40 years of age, who wanted to retain their fertility, and having 1st and 2nd degree genital prolapse. Obese patient, patient with age >40 years and patients not fit for surgery were excluded. **Results:** All 20 patients were successfully operated only one patients developed fever in postoperative period and one patient out of 20, developed recurrence of prolapse. There was no major intra-operative and postoperative complication. **Conclusion:** This modified sling procedure was found to be an easier procedure with negligible blood loss, less complications, less time consuming and good results. Residents can also perform it.

Keywords: Uterovaginal proplapse, Modified sting procedure, Success Complications.

INTRODUCTION

Utero-vaginal prolapse is one of the complaint in women presenting in outpatient clinics in Pakistan. Incidence of utero-vaginal prolapse in Pakistan is about 1.7%.¹ High prevalence of this condition in Pakistan is due to malnutrition poor socioeconomic status and deliveries conducted by untrained birth attendants. As utero-vaginal prolapse occur in young women so surgical treatment should treat not only the symptoms of patient but also retain their reproductive function.^{2,3,4,5} Various conservative surgeries has been described in past, each having their own merits and demerits.² Purandare described a technique for the surgical treatment of genital prolapse in young women in 1965.³ Modified sling procedure is a simple technique performed for treatment of 1st and 2nd degree utero-vaginal prolapse. This technique is easy to perform and provide dynamic support to uterus. In this study we assessed the result of 20 cases of utero-vaginal prolapse in young women treated by modified sling operation.

METHODOLOGY

This cross sectional study was conducted in Sheikh Zayed Hospital, Rahim Yar Khan from 1st January to 31st December 2016. It was a case series of 20 women. The outcome measures were patient satisfaction, success of procedure and complications related to procedure. Inclusion criteria was young patients of 20-40 years of age, who wanted to retain their fertility, and having 1st and 2nd degree genital prolapse. Obese patient,

patient with age >40 years and patients not fit for surgery were excluded. Twenty patients fulfilling inclusion criteria were enrolled in study and were admitted through out patient department. Prior to surgery written informed consent was taken in all the patients. All the patients were examined clinically before the surgery. Demographic variables were recorded. All women were operated in the post menstrual phase. All the procedure were carried out under general anesthesia and by consultant gynecologists. Procedure: Abdomen was opened through Pfannenstiel incision, rectus sheath was exposed. Incision was given in center of rectus sheath of about 8cm. Peritoneal cavity was opened and stitch with prolene 1 was passed through right side lateral edges of rectus sheath, inside the pelvic cavity. Then stitch passed through round ligament, broad ligament and then posteriorly to right side utero-sacral ligament then left side utero-sacral ligament, broad ligament and round ligament and left sided lateral margin of rectus sheath and both ends of stitch were tightened and above rectus sheath. At the end of procedure one of assistant examined vaginally to assess the correction of prolapse. All intra-operative and postoperative complications were noted. All patient stayed for one day and discharged with advise of antibiotics for 5 days. Patients were called for follow up after 1 week and 1 year. At each visit patients were assessed for recurrence of prolapse and resolution of symptoms. Data was entered in SPSS version 16 and analyzed.

RESULTS

The study was conducted on 20 patients. All the

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patients were married and 11 (55%) patients were under 21-30 years of age and 9 (45%) were under 40 years of age. As regarding parity of patients 9 (45%) patient were para one, 6 (30%) were para 2 and 5 (25%) were para 3. In this study, 15 (75%) patients had symptoms of feeling of mass in vagina, 3 (16%) had complaint of backache and other 2 patients (9%) had vaginal discharge. (Table-I) Out of 20, 11 (55%) patients had 1st degree utero-vaginal prolapse and 9 (45%) had cure. Most patients 19 (95%) were satisfied with procedure as there was 95% resolution of their symptoms. Intra-operatively there was no complications noted. There was minimal blood loss in the procedure. Postoperatively one patient developed fever in post operative period and settled with antipyretics and antibiotics. There were no bowel problems in postoperative follow up. Post operatively there was no long hospital stay. Procedure was successful in 19 (95%) patients. One patient developed recurrence; this patient had history of chronic cough and constipation off and on.

Table I: Presenting complaints of patients

Presenting complaints		
Presenting complaint	Number	Percentage
Mass in vagina	15	75%
Backache	03	16%
Vaginal discharge	02	09%
Degree of prolapse		
Degree of prolapse	Number	% age
1 st degree	11	55%
2 nd degree	09	45%

Table II: Success rate and complications

Efficacy and Complications		
Description	Number	Percentage
Success rate	19	95%
Severe blood loss	00	00%
Visceral Organ Injury	00	00%
Post-operative fever	01	05%
Recurrence	01	05%

DISCUSSION

This procedure has not been reported in literature in high numbers. Various studies are available in which rectus sheath sling was used for utero-vaginal prolapse.⁶⁻¹⁰ Another study was done in

Abbott Abad by Rahet et al,⁵ which showed similar results. In the original purandare's surgery the fascial strips created from rectus sheath were used which were fixed to anterior surface of uterus but there was more failure rate.⁸

Although many studies showing high success rate of 95% with abdominal sacrohysteropexy but still women would undergo reoperation in many studies first year after procedure.^{9,10,11} Complication of mesh erosion and infection also occurred. In this procedure, we used posterior approach for the attachment of sling and merits of this technique are as follows. It is less time consuming. It takes approximately 30- minutes on an average and an easy procedure. It has less blood loss and is without any risk of bladder injury. As it is an easy technique even residents can perform.¹² The study showed that our modified sling procedure has good outcome and less complications.

CONCLUSION

It is an easy and effective procedure and less time consuming and less blood loss, which does not hamper fertility but it need to be evaluated further for long term results and future studies to be done on this procedure.

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