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FACTORS PREDICTING THE RISKS OF POST-OPERATIVE ADVERSE OUTCOME AFTER LAPAROSCOPIC AND OPEN COLPOSUSPENSION

A.C. C. Tan, P. Latthe, Birmingham Women's Hospital, UK

INTRODUCTION

Colposuspension has been used for the treatment of stress urinary incontinence (SUI) for many decades. There have been very limited studies done on the risk factors for failed colposuspension and its post-operative complications. This study aims to assess for any significant predictors for adverse patient-reported outcomes in colposuspension.

METHODOLOGY

This was a cohort study of women who underwent their first colposuspension surgery. The data was prospectively collected on the British Society of Urogynaecologists database from 2007 to 2023. Several variables (listed in Table 1) were assessed using univariate and multivariate logistic regression analyses using the patient global impression of improvement (PGI-I) score as the primary outcome. Poor PGI-I outcome was defined as having a score of 3 to 7 (a little better to very much worse).

RESULTS

A total of 3,414 women were analysed. On univariate analysis, significant predictors of poor PGI-I score were age (OR 1.014, $p=0.034$), stage of cystocele (OR 1.35, $p=0.152$), laparoscopic route (OR 1.614, $p<0.001$), previous (SUI) procedures (OR 1.703, $p<0.001$), previous prolapse surgery (OR 1.598, $p=0.008$), and use of non-absorbable sutures for colposuspension (OR 1.780 $p=0.024$). On multivariate analysis, only the laparoscopic route of colposuspension predicted a poorer subjective outcome on the PGI-I score (adjusted OR 12.69, 95%CI 1.54–104.31; p -value 0.018). Table 2 shows the differences in objective outcomes between open and laparoscopic colposuspension.

CONCLUSION:

Women who had open colposuspension appeared to have a better subjective cure rate but higher morbidity (retention, significant blood loss, length of hospital stay). It appears that variables such as age, previous SUI or prolapse surgeries and the stage of cystocele do not independently predict a poor subjective outcome.; Further analysis is warranted to assess the objective composite outcomes between open and laparoscopic techniques.

References:

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