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# THE OUTCOMES OF SACROSPINOUS LIGAMENT HYSTEROPEXY VERSUS MANCHESTER REPAIR IN BIRMINGHAM WOMEN'S HOSPITAL

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### Introduction:

Sacrospinous ligament hysteropexy and Manchester repair have long been established as effective methods of treating uterine prolapse without removing the uterus. However, there have been very limited studies comparing these two techniques.

### Methodology:

A retrospective cohort study of the BSUG database and patients' records for the last 15 years. We included patients who had undergone Manchester repair or sacrospinous ligament hysteropexy at a tertiary centre in the UK. The primary outcome analysed was the patient global impression of improvement (PGI-I) score. Secondary outcomes were the absence of pelvic organ prolapse (POP) beyond the hymen in any compartment evaluated by the POP Quantification System, and surgery-related complications.

### Results:

There were 21 patients in Manchester repair and 27 patients in sacrospinous ligament hysteropexy. There was no statistically significant difference between the two groups for the Global Impression Improvement score (p-value 0.088). The rates of having symptomatic prolapse (OR 0.297, 95% CI 0.097–0.908; p-value 0.029), recurrence of prolapse beyond the hymen (OR 0.741, 95% CI 0.592–0.926; p-value 0.014) and needing repeat treatment for prolapse (OR 0.778, 95% CI 0.951–0.635; p-value 0.031) were lower in the Manchester repair group. The surgical complications were higher in the sacrospinous ligament hysteropexy group (OR 1.437, 95% CI 1.043–1.981; p-value 0.044); the commonest was persistent pelvic pain.

### Conclusion:

Manchester repair appears to be superior as a technique of transvaginal uterine conservation prolapse surgery compared to sacrospinous ligament hysteropexy.

### References:

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