

OP12

THE SAFETY AND EFFICACY OF THE ABDOMINAL AND VAGINAL MCCALL CAULDOPLASTY AT PREVENTING POST-HYSTERECTOMY VAGINAL VAULT PROLAPSE

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Introduction

Post-hysterectomy vaginal vault prolapse (PHVP) is a recognised complication following both vaginal and abdominal hysterectomy. Primary prevention through the application of surgical techniques such as the McCall Culdoplasty can reduce the incidence of PHVP (Barber et al., 2021).

A McCall Culdoplasty can be performed either abdominally or vaginally. It involves the approximation of the uterosacral ligament to obliterate the peritoneum of the Pouch of Douglas as high as possible (Robinson et al., 2018). We aim to compare the effectiveness of the McCall Culdoplasty following vaginal hysterectomy and abdominal hysterectomy.

Methods

Data from patients' files who underwent a hysterectomy were analysed from 1985 to 2005. All procedures were performed by a single surgeon. Demographics, operative complications, and examination findings pre- and at the longest follow-up were recorded. Statistical analysis was performed using SPSS.

Results

266 women underwent a hysterectomy during this period, 151 were performed via the vaginal route and 115 abdominally. The mean longest follow-up was 3.3 years. All women had a McCall Culdoplasty performed at the time of hysterectomy. Table 1 compares demographics and operative complications by Clavien-Dindo grading; post-operative antibiotics for UTI or vaginal infection were the most common postoperative complication. There was no significant difference in post-operative apical support outcomes between operative groups as depicted in image 1.

Conclusion

McCall Culdoplasty performed vaginally or at abdominal hysterectomy results in a low rate of PHVP. Overall, the technique in both cohorts is demonstrated to be safe and effective in preventing PHVP with no significant difference between operative routes. This study further supports the importance of primary prevention in the management of PHVP, it is however limited by its retrospective nature and lack of subjective outcome measures.

References

- Barber, E., Kleiner, I., Tairy, D., Bar, J., Ginath, S., 2021. The effectiveness of McCall culdoplasty following vaginal hysterectomy in advanced stages of uterine prolapse. *Int Urogynecol J* 32, 2143–2148. <https://doi.org/10.1007/s00192-021-04890-z>
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