

**Bowel symptoms in women planning surgery for pelvic organ prolapse**

Bowel symptoms are common and often attributed to pelvic organ prolapse (POP). Our objective was to correlate bowel symptoms and level of vaginal descent in women with prolapse. This analysis used baseline data from the Colpopexy and Urinary Reduction Efforts (CARE) study, a randomized trial of sacrocolpopexy with or without Burch colposuspension in stress continent women with Stages II – IV POP. Participants completed validated questionnaires, including the Colorectal-anal Distress Inventory (CRADI) and the Colorectal-anal Impact Questionnaire (CRAIQ) and underwent Pelvic Organ Prolapse Quantification (POP-Q). POP-Q points Bp, Ba and C assessed descent of the posterior, anterior and apical vagina, respectively. Subject characteristics were compared between prolapse stages using the chi-square test. The CARE trial enrolled 322 women with mean age  $61.3 \pm 10.2$  years and median parity of 3. POP-Q stages included II (n=44, 13.7%), III (n=217, 67.4%) and IV (n=61, 18.9%). Posterior repair had been performed in 71 women (22.0%). When examining individual symptom questions on the CRADI, women with Stages III and IV prolapse tended to have similar levels of symptoms, while women with Stage II prolapse were more symptomatic.

Symptom	Stage II N = 44	Stage III N = 217	Stage IV N = 61
Splinting	19 (44.2%)	53 (25.1%)	17 (28.3%)
Straining	23 (53.5%)	72 (34.1%)	18 (30.0%)
Incomplete emptying	25 (59.5%)	88 (41.9%)	26 (43.3%)

Summary scores for the CRADI (Stage II, median score 58.3; Stage III, score 47.6; and Stage IV, score 48.0;  $p = 0.08$ ) and CRAIQ (Stage II, median score 112.6; Stage III, score 102.3; and Stage IV, score 108.0;  $p = 0.09$ ) showed a similar pattern. In conclusion, although bowel symptoms are common in women planning sacrocolpopexy, these symptoms and focused questionnaire scores do not have a linear association with the stage of prolapse in the posterior or other pelvic compartments. We suggest that the CRADI, CRAIQ and POP-Q examination measure complementary, different and not necessarily related aspects of pelvic organ prolapse.