

CONTROL ID: 225416

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Abstract Details

PRESENTATION TYPE: poster

CATEGORY: Surgery in Older Patients

SUB-CATEGORY: None

KEYWORDS: Surgical outcome, older vs younger cohorts, prolapse surgery.

Abstract

TITLE: THE EFFECT OF AGE ON SHORT-TERM OUTCOMES AFTER ABDOMINAL SURGERY FOR SEVERE PELVIC ORGAN PROLAPSE

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ABSTRACT BODY: PURPOSE: To compare perioperative morbidity and 3 month outcomes in women >65 to those <65 years of age undergoing abdominal surgery for severe pelvic organ prolapse (POP).

METHODS: Prospective ancillary analysis of the Colpopexy and Urinary Reduction (CARE) Study. Women without complaints of stress urinary incontinence (SUI) undergoing abdominal sacrocolposuspension were randomized to +/- Burch colposuspension for the treatment of "occult" SUI. Objective prolapse and incontinence evaluation, symptom specific (Pelvic Floor Distress Inventory, PFDI; Pelvic Floor Impact Questionnaire, PFIQ) and general quality of life (Mental and Physical Component Summary Scores, MCS and PCS, of the SF-36) were compared preoperatively, and at 6 and 12 weeks. A general linear model was fitted to the continuous measures and logistic regression to the dichotomous outcomes; age (>65 vs <65) was included as an indicator variable and both models included as covariates the baseline comorbidity score (Cumulative Illness Rating Scale, CIRS), stage of POP, and whether a Burch was performed.

RESULTS: 322 women enrolled. Age range 31 to 82, 41.3% over 65 years; 92.9% white; median BMI = 26. More older than younger women (91.0% vs 77.2%) had prior hysterectomy (p=.003); 43.6% vs 36.2% previous prolapse surgery (p=.20) and 8.3 vs 5.9% previous SUI surgery (p=.50). Older women had higher baseline comorbidity (4.6 vs 3.5; p=.002) and more severe POP (p<.001). There were no differences between cohorts in baseline urodynamics, or subscales of the PFDI or PFIQ. Older women had higher baseline MCS score (55.2 vs 52.9, p=0.01), but PCS scores did not differ. There were no differences in any perioperative complication rates or rehospitalization rates at 6 weeks (9.3 vs 4.3%, p=0.13), but length of stay was longer in the older women (3.1 vs 2.7 days, p=.008). There was no difference in catheter use at discharge (24.8 vs 29.1%, p=.53). At 3 months, there was no difference in prolapse stage or incontinence rates between the 2 cohorts. There were significant improvements from baseline on all the QOL measures for both cohorts, except that older women had no improvement in PCS score (p=0.006) and younger women had greater improvement in PFDI POP impact subscale (p=.04).

CONCLUSIONS: Overall, short-term outcomes of abdominal surgery for severe pelvic organ prolapse were comparable between women >65 or <65 years of age.

Submitted for the Pelvic Floor Disorders Network

Financial Disclosure (List all funders who provided support for this research) : Supported by grants from the National Institute of Child Health and Human Development (U01 HD41249, U10 HD41268, U10 HD41248, U10 HD41250, U10 HD41261, U10 HD41263, U10 HD41269, and U10 HD41267