POSTOPERATIVE GASTROINTESTINAL COMPLICATIONS AFTER ABDOMINAL SACROCOLPOPEXY FOR ADVANCED PELVIC ORGAN PROLAPSE

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OBJECTIVES: The "Colpopexy And Urinary Reduction Efforts" (CARE) study was a multicenter randomized clinical trial performed at 12 centers using standardized, prospectively defined surgical techniques and careful monitoring of adverse events. This large series (n=322) of sacrocolpopexies provides an opportunity to estimate the expected frequency of gastrointestinal (GI) complications for this operation. A second goal was to explore risk factors for ileus and small bowel obstruction (SBO), two postoperative GI complications that may cause prolonged or additional hospitalization or re-operation.
METHODS: The CARE trial evaluated the effect of a standardized modified Burch colposuspension on postoperative stress urinary incontinence in women undergoing sacrocolpopexy for stage II-IV pelvic organ prolapse. GI complications were reported during the original hospitalization and at 6 week follow-up, and events that resulted in a prolongation of hospital stay, readmission, or a new surgical procedure were reported as serious adverse events (SAEs) or adverse events (AEs) at any time during follow-up (n=304 or 94.4% have completed 12 months of follow up). SAE/AE reports initially classified as ileus or SBO were independently reviewed by two surgeons and classified into management categories. Potential risk factors for ileus or SBO were explored, including characteristics of subjects (e.g., age, body mass index (BMI), race, prior medical history) and characteristics of the surgery (e.g., duration of surgery, blood loss, type of graft, peritoneal closure over graft, clinical site).
RESULTS: The 322 women averaged 61.3±10.2 (mean ± SD) years of age with BMI 27.0±4.5 kg/m^2. For 82 patients (25.5%), symptoms of "nausea, emesis, bloating, or ileus" were noted during the initial hospitalization or at the 6-week follow-up visit. Nineteen events (5.9% of operations) resulted in SAE reports of ileus (n=12) or SBO (n=7). Management categories included: 4 women (1.2%) who underwent reoperation to relieve small bowel obstruction, with all 4 occurring at the abdominal incision; 11 women (3.4%) readmitted for medical management; 2 women with prolonged initial hospitalizations (9 and 12 days); and 2 who received medical management for slow return of bowel function without prolongation of the index hospitalization. Exploratory analysis (screening) of multiple risk factors identified only older age ($p<.001$) and prior abdominal surgery ($p=.054$) as possible risk factors. Duration of surgery, blood loss, BMI and smoker status were not significantly associated with ileus or SBO.
CONCLUSIONS: SBO or ileus following sacrocolpopexy in the CARE trial occurred in 5.9%. Reoperation for SBO occurred in 1.2% and readmission for medical management occurred in 3.4%. Older women were more likely to experience these complications.

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