

Bowel Symptoms in Women One Year after Sacrocolpopexy

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Objective: To evaluate changes in bowel symptoms after sacrocolpopexy (SC). **Methods:** Baseline and 1-year postoperative data were analyzed in 305 women in the Colpopexy And Urinary Reduction Efforts (CARE) study, a randomized trial of SC with or without Burch colposuspension in stress continent women with Stages II–IV prolapse. In addition to SC (\pm Burch), subjects underwent concomitant posterior vaginal or perineal procedures at each surgeon's discretion. Participants completed the Colorectal-anal Distress Inventory (CRADI) scale and underwent Pelvic Organ Prolapse Quantification (POP-Q) at baseline and after surgery. Postoperative changes in CRADI scores and prevalence of persistent and new postoperative bowel symptoms were measured in women who did and did not undergo concomitant posterior vaginal or perineal procedures. Mantel Haenszel and Wilcoxon tests were used. **Results:** 215 women underwent SC without posterior vaginal or perineal procedures (SC group) and 90 underwent SC with posterior vaginal and/or perineal procedures (SC+Post), including posterior colporrhaphy (68), perineorrhaphy (66) and sacrocolpoperineopexy (20). Data at 1 year were available for 203 and 79 women in the SC and SC+Post groups, respectively. The SC+Post group had lower parity (2.7 ± 1.4 vs. 3.1 ± 1.5 , $p < 0.01$), larger baseline GH (5.9 ± 1.8 vs. 5.3 ± 1.4 cm, $p < 0.01$) and less frequent prior posterior repair (19 vs. 34%, $p = 0.03$). Posterior vaginal descent was similar between the two groups at baseline (mean POP-Q point Bp +1.1 cm in SC+Post group and +1.2 cm in SC group) and at 1 year (POP-Q point Bp -2.3 cm in SC+Post group and -2.1 cm in SC group). However, the SC+Post group had more baseline obstructive colorectal symptoms (higher CRADI and CRADI-Obstructive scores: $p = 0.03$ and < 0.01 , respectively). CRADI total, obstructive and pain/irritation scores significantly improved in both groups after surgery (p -values all < 0.01)(Table). Postoperative CRADI scores were not significantly different in the SC and SC+Post groups. Most bothersome baseline symptoms resolved after surgery in both groups. However, new bothersome bowel symptoms occurred

more frequently after surgery in the SC+Post group (fecal incontinence with activity (10.3 vs. 1.1%, $p<0.01$), pain before defecation (11.4 vs. 3.1%, $p=0.02$) and pain with defecation (15 vs. 7.1%, $p=0.02$). Postoperative prolapse outcomes were not significantly different in women with and without persistent or new bothersome bowel symptoms. **Conclusion:** Most preoperative bowel symptoms (obstructive, irritative and fecal incontinence) improve in women after sacrocolpopexy, whether or not concomitant posterior vaginal and/or perineal repair is performed. However, bothersome new symptoms, including fecal incontinence with activity and pain before and with defecation, occur more frequently in women after SC with posterior vaginal and/or perineal repair.

Table. Median (interquartile range) scores (baseline, postoperative and score change)

	SC Group (Without Posterior Vaginal Procedure)			SC + Post Group (With Posterior Vaginal Procedure(s))			P (for score change)
	Pre	Post	Change	Pre	Post	Change	
CRADI	44(14,98)	18(0,45)	-20(-71,16)	59(25,132)	20(0,63)	-30 (-96,12)	0.48
CRADI-Obstructive	8(0,33)	0(0,17)	0(-33,8)	33(0,58)	0(0,33)	-17 (-50,8)	0.054
CRADI-Incontinence	5(0,25)	0(0,10)	0(-20,0)	0(0,30)	0(0,20)	0 (-10,10)	0.085
CRADI-Pain/irritation	11(4,21)	4(0,14)	-4(-21,4)	14(4,29)	7(0,14)	-7 (-21,4)	0.30