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Research Article

MODIFIED SLING PROCEDURE FOR TREATMENT OF UTEROVAGINAL PROLAPSE

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Abstract:

Objectives: To evaluate the results of modified sling procedure performed for the treatment of uterovaginal prolapse.

Method: A case series was studied in 20 patients wishing to preserve their fertility at Sheikh Zayed hospital Rahim Yar Khan from January 2016 to December 2016.

Results: All 20 patients were successfully operated only one patient developed fever in postoperative period and one patient developed recurrence of prolapse. There was no major intraoperative and postoperative complication.

Conclusion: An easier procedure with negligible blood loss, less complications, less time consuming and good results. Residents can also perform it.

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INTRODUCTION:

Uterovaginal prolapse is one of the commonest complaints in women presenting in outpatient clinics in Pakistan. Incidence of utero vaginal prolapse in Pakistan is about 1.7%(1).high prevalence of this condition in Pakistan is due to malnutrition poor socioeconomic status and deliveries conducted by untrained birth attendants. As uterovaginal prolapse occur in young women so surgical treatment should treat not only the symptoms of patient but also retain their reproductive function. Various conservative surgeries has been described in past each having their own merits and demerits (2).Purandare described a technique for the surgical treatment of genital prolapse in young women in 1965(3).Modified sling procedure is a simple technique performed for treatment of 1st and 2nd degree Uterovaginal prolapsed degree of prolapse assessed clinically. This technique is easy to perform and provide dynamic support to uterus. In this study we discussed the operative result of 20 cases of utero vaginal prolapse in young women treated by modified sling operation.

METHODOLOGY:

This study was conducted in Sheikh Zayed hospital Rahim Yar Khan from January 2016 to December 2016.it is a case series of 20 women. The outcome measures was patient satisfaction, success of procedure and complications related to procedure. Inclusion criteria was young patients 20-40years want to retain their fertilit , and

having 1st and 2nd degree genital prolapse. Exclusion criteria included obese patient. Patient with age >40years and patients not fit for surgery. Twenty patients fulfilling inclusion criteria enrolled in study admitted throughout department prior to surgery written informed consent was taken in all the patients. All the patients examined clinically before the surgery. Demographic variables were recorded. All women were operated in the post menstrual phase. All the procedure were carried out under general anesthesia and by consultant gynecologists.

Procedure:Abdomen open through Pfennenstiel incision rectus sheath exposed. Incision given in center of rectus sheath of about 8cm.Peritoneal cavity was opened stitch with prolene 1 passes through right sided lateral edges of rectus sheath inside the pelvic cavity. Then stitch passes through round ligament broad ligament and then posteriorly to right side uterosacral ligament then left side uterosacral ligament broad ligament and round ligament and left sided lateral margin of rectus sheath both ends of stitch tight above rectus sheath.At the end of procedure one of assistant examined vaginally to assess the correction of prolapse.

All intraoperative and postoperative complications noted. All patient stay for one day and discharged with advise of antibiotics for 5days.Patients were called for follow up after 1week, 6month, and 1year.At each visit patients assessed for recurrence of prolapse and resolution of symptoms.

RESULTS:

Age distribution

Table 01		
Age	Number	Percent
21-30	11	55%
31-40	09	45%

Types of Prolapse

Table 03		
Degree of prolapse	Number	Percent
1 st degree	11	55%
2 nd degree	09	45%

Parity of patient

Table 02		
Parity	Number	Percent
P1	09	45%
P2	06	30%
P3	05	25%

Presenting complaint

Table 04		
Presenting complaint	Number	Percent
Mass in vagina	15	75%
Backache	03	16%
Vaginal discharge	02	09%

Table No.05

EFFICACY & COMPLICATIONS		
Description	Patient	Percentage
Success rate	19	95%
Severe blood loss	00	00%
Visceral Organ Injury	00	00%
Post-op fever	01	05%
Recurrence	01	05%

The study was conducted on 20 patients. All the patients were married. 11 (55%) patients were under 30 years of age and 9 (45%) were under 40 years of age (table no.1). As regarding parity of patients 9 (45%) patients were P1, 6 (30%) were P2 and 5 (25%) were P3. 75% (15) patients had symptoms of feeling of mass in vagina, 16% (3) had complain of backache and other 2 patients (9%) had vaginal discharge (table no.3). Out of 20 11 patients had 1st degree uterovaginal prolapsed and 9 had 2nd degree genital prolapse (table no.4). All patients were satisfied with procedure as there is 100% resolution of their symptoms. Intra operatively there was no complications occurred. There was minimal blood loss in the procedure. Postoperatively one patient developed fever in post op period settled with antipyretics and antibiotics. There were no bowel problems in postoperative follow up. Mortality and morbidity was very low. There is no risk for blood transfusion. Post operatively there was no risk of long hospital stay. Procedure was successful in 19 patients. one patient developed recurrence this patient had history of chronic cough and constipation off and on.

DISCUSSION:

This procedure has not been studied much. Various studies are available in which rectus sheath sling was used for prolapsed (4). another study was done in Abbott Abadby Rahet et al (5) which showed similar results. In the original purandare's surgery the fascial strips created from rectus sheath were used which were fixed to anterior surface of uterus (6) but there is more failure rate. In this procedure we used posterior approach for the attachment of sling and merits of this technique are as follows. It is less time consuming. It takes approximately 30- minutes on an average and an easy procedure. It has less blood loss and is without any risk of bladder injury. As it is an easy technique even residents can perform.

CONCLUSION:

It is an easy and effective procedure with less time consuming and less blood loss, which does not hamper fertility but it needs to be evaluated further for long term results and future studies to be done on this procedure.

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