AN AMERICAN UROGYNECOLOGIC SOCIETY (AUGS) / INTERNATIONAL UROGYNAECOLOGICAL ASSOCIATION (IUGA) JOINT REPORT ON THE TERMINOLOGY FOR SURGICAL PROCEDURES TO TREAT PELVIC ORGAN PROLAPSE

NEED FOR A WORKING GROUP ON SURGICAL PROCEDURES TO TREAT PELVIC ORGAN PROLAPSE

ABSTRACT

Our aim is to establish standardized terminology for commonly accepted surgeries for pelvic organ prolapse utilizing a collaboration of experts from two professional societies. The resulting document will address voids in clinical practice and research and allow surgeons and scientists to better advance the field of FPMRS.

BACKGROUND

Surgeries for pelvic organ prolapse (POP) are common.(1, 2) Despite this, many professionals find the terms describing different surgeries performed to correct POP confusing, heterogeneous, and difficult to explain to patients and other providers. Even among experts in POP, terms regarding POP surgeries are often inconsistently used and rapidly evolving. These issues lead to possible miscommunication, which limits patient care and research.(3-5)

Despite the introduction of several standardisation documents on terminology for POP diagnosis and disease description,(6) no such document exists for the surgical procedures to repair POP. The aim of this document is to propose a standardised set of consistent and correct terms to describe common surgeries for POP repair. The main document will cover standard

terms in common surgical procedures for treatment of POP, guidelines for correct use of these surgical terms, and limitations of these terms.

SCOPE

It is envisioned that this document will develop consensus for basic terminology for common surgeries to correct POP. We will utilize these resources in defining surgical terms: definition in the source(s) in which the surgery was initially described, consistent description in the most prominent textbooks or authority-endorsed learning materials, or (if neither of the above exist) overwhelming agreement in clinical use. When conflicts arise from these resources, we will utilize the surgical description for the term that is the most clear, complete, and consistent with major multicenter studies that investigated outcomes of the surgery.

This document will clearly state the mandatory components for a surgical procedure to be labelled as the standard term. Conversely, the document will also describe components or elements of a surgery that would disqualify the use of that surgical term or mandate the use of an additional or different term. It is anticipated that many surgical procedures will have a central component on which there is consensus that this portion of the surgery fulfills criteria for the term to be used. However, the same surgery may have other components that vary depending on the surgeon, available resources, or clinical needs of the patient. This document will describe not only those portions of the surgery that must be performed to use the term, but will also briefly describe some permitted variations in surgical steps that would not change the term.

Surgical terms that will be covered in this document will fall into four basic categories: apical compartment surgeries, anterior vaginal wall surgeries, posterior vaginal wall surgeries, and obliterative surgeries. Apical support surgery terms would include surgeries such as sacrocolpopexy, uterosacral ligament suspension, and sacrospinous ligament

suspension. Anterior vaginal surgery terms would include terms such as anterior vaginal repair, paravaginal repair, and graft-augmented anterior vaginal repair. Posterior vaginal support terms would likewise include terms such as posterior vaginal repair, graft-augmented posterior vaginal repair, and perineorrhaphy. Obliterative surgeries covered will include Lefort colpocleisis and colpectomy.

In defining the above types of terms, we will also state if there are acceptable word variations on the term (e.g. "anterior colporrhaphy" allowable for the term "anterior repair"). These allowable word variations will be limited to 1-2 in number to avoid confusion and limited to variations which the working group believes preserve the descriptive components of the term and are sufficiently specific to be identified only with that surgery. This will allow medical professionals to use some acceptable synonyms for "real-world" flexibility without creating a list of terms that is too extensive or confusing to meet the aims.

Having laid down a foundation of proper POP surgical terms, this document will describe how this terminology should be used. For example, the document will list settings in which these terms can and should be used, so that professionals can ensure they are using them wherever appropriate. The document will also mention, where appropriate, limitations in the terms discussed in the document. For example, we will list POP surgeries on which consensus on a terminology definition does not exist at present. Also, the document will present a list of surgical terms that may be associated with or related to POP surgeries (such as surgeries for stress incontinence), but are not themselves POP surgeries.

This document will not put forth any recommendation on which surgical approach or procedure to utilize in a given clinical situation, as the primary purpose of the document is to define and standardize the language around these surgeries as opposed to compare their clinical outcomes. In that same spirit, this document will not review the clinical efficacy or

evidence supporting the use of any surgeries covered in the terminology beyond citation needed to demonstrate that consensus about the term exists.

WORKING GROUP

The working group will consist of:

1. A chair
2. 10-12 contributing writers

Members of the working group should be members of the IUGA and/or AUGS. Each member should be a practicing a) urogynecologist, b) urologist, or c) general obstetrician-gynecologist.

DURATION

The expected commitment of the working group will be 18-24 months. The maximum duration of the project will be 36 months.

CONCLUSIONS

Clinicians, patients, and researchers may benefit from consistent and clear use of terminology describing common pelvic organ prolapse surgeries. The joint societies of AUGS and IUGA aim to utilize a working group to clearly define POP surgical procedures and lay out recommended use and application of proper terminology around these surgeries.

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