

IUGA International Fellowship Program Final Report

Award Recipient:

Dr Zeelha Abdool

Host Name

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Date of Fellowship:

16th June 2008-14th Nov 2008

Research Study:

Title: Are vaginal pessaries as effective as surgery in symptomatic pelvic organ prolapse
Zeelha Abdool, Raneer Thakar, Abdul Sultan

Research Summary:

Attached

List of all ensuing abstracts:

Are Vaginal Pessaries as Effective As Surgery in Symptomatic Pelvic Organ Prolapse?

Abdool Z; Thakar R; Sultan AH
Mayday University Hospital, Croydon, Surrey

Objective:

To compare the effectiveness of pessary and surgery for the treatment of symptomatic pelvic organ prolapse at one year using the validated Sheffield Pelvic Organ Prolapse Symptom Questionnaire.

Methods:

Women referred to a specialist urogynaecology unit with symptomatic pelvic organ prolapse (from June 2002 to May 2007) were offered a choice of either a vaginal pessary or surgical treatment. The validated Sheffield Pelvic Organ Prolapse Symptom Questionnaire was completed at the initial visit and one year post-treatment. The primary outcome measure was to compare the change in bladder, bowel and sexual function at one year between the two groups. Women who required concomitant incontinence surgery were excluded. Symptoms were compared using both the Wilcoxon signed rank test and the Mann U Whitney test.

Results:

A total of 554 women with symptomatic pelvic organ prolapse were included in the study. 359 were treated with a vaginal pessary and 195 had surgery for pelvic organ prolapse. 46% of women in the pessary group and 55% of women in the surgery group completed the Sheffield questionnaire at one year. The mean age was 68.4 (SD 13.084) and 60.43 (SD 12.246) years ($p=0.000$); and the mean vaginal parity was 2.4 and 2.6 (range 2-11) ($p=0.196$) respectively. There were 86% Caucasians, 4.7% Asians, and 3.1% Afro-Caribbean. There were significantly more women who had a previous hysterectomy in the surgery group than compared to the pessary group (32% vs 24%; $p=0.05$). There was no statistically significant difference with regards to previous repairs between the two groups. 59 patients in the pessary group went on to have surgery (before one year).

These women were younger than compared to the women who continued pessary use ($p=0.000$). In both the pessary group and surgery group there were significant changes in general, bladder, bowel and sexual symptoms from baseline to one year after treatment (Wilcoxon signed rank test). However, at one year there was no statistically significant difference between in general, bladder, bowel and sexual symptoms between the two groups (Mann Whitney U test).

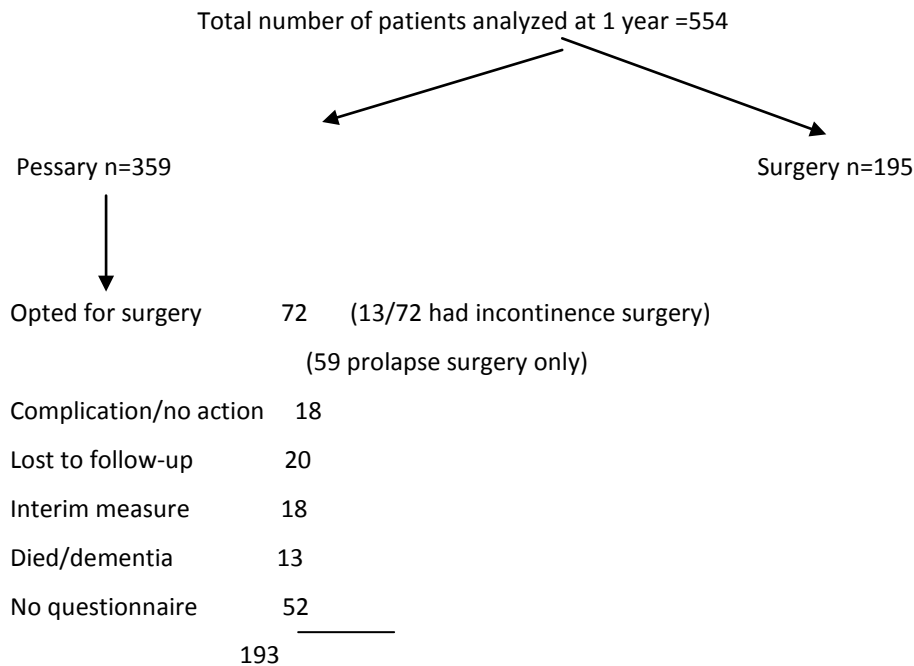


Figure 2: Flow of patients through the study

Conclusion:

This study illustrates that treatment with a pessary is as effective as surgery at one year follow-up when evaluating impact on quality of life i.e. general, urinary, bowel and sexual symptoms. This information is vital to both clinicians and patients when deciding on treatment options. A longer term follow-up on these patients is currently underway.

Manuscript:

Abdool Z, Thakar R, Sultan A, Oliver R. Prospective evaluation of outcome of vaginal pessaries versus surgery in women with symptomatic pelvic organ prolapse? Submitted to IUJ.

Clinical responsibilities and experiences:

Clinical responsibilities: Perineal Clinic and Endoanal scan clinic

Experiences: Pessary clinic

Combined pelvic floor clinic

Urogynaecology clinic

Courses: Third degree repair course,

Endoanal scan course,

Second degree tear and Episiotomy course

Other:

Writing up a new study protocol entitled: The accuracy of history and clinical examination in predicting women who need further anorectal investigations and to identify the least invasive ultrasound modality. (Recently obtained ethical approval for this study). Have written up 2 review articles of which one was accepted with minor revision to European Journal of Obstetrics and Gynaecology This was entitled-Postpartum Sexual

Function: A Review- Zeelha Abdool; Rane Thakar; Abdul Sultan. The second –A review on anal sphincter imaging is pending completion and at this stage we have not firmly decided on the journal for submission. The authors include Zeelha Abdool, Rane Thakar and Abdul Sultan.

My Experience

Firstly, I would like to commend my host and IUGA for an unforgettable and pleasurable academic experience. This exposure has greatly improved my knowledge and understanding of perineal and anal disorders, and has further stimulated my interest on pelvic floor imaging. I was also fortunate to acquire a new skill i.e. endoanal imaging and to be involved in the 3 different courses hosted by Ms Thakar and Mr Sultan. As far as research is concerned I learned about data processing and how to conduct statistical analysis using SPSS.

I am motivated to apply this knowledge to our local population (black South African women), specifically with regard to anal sphincter injury as this is currently an unexplored field in South Africa. I also plan to impart details of my experience and knowledge to our postgraduate O&G registrars (as well as midwives) and hopefully inspire another South African IUGA candidate in the future. To conclude, I look forward to presenting my study at IUGA 2009.

Strengths and Weaknesses of Program

This program allows the candidate a chance of international exposure in specialized units-this is much needed especially for applicants from underdeveloped countries.

The possibility of future collaborative research between the host university and the IUGA fellow's unit is also possible.

Weaknesses: I would recommend communication between the IUGA fellow and the host at least 9 months to one year before commencing the program as this may streamline the whole process.