



Comprehensive Research Experience for Medical Students
Summer Research Program 2019

Supervisor/Project Information Form

Due February 20 2019 by email to crems.programs@utoronto.ca

Supervisor Name: Dr May Alarab

Project Title: Long-term experience of modified McCall culdoplasty in women undergoing vaginal hysterectomy for pelvic organ prolapse- a 10 year follow up.

Hospital/Research Institution: Mount Sinai Hospital

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Field of Research (2 keywords): Post-hysterectomy vault prolapse

Department: Urogynaecology

School of Graduate Studies Appointment (IMS, LMP, IHPME etc)? No:

Brief Project Description (< 300 words):

The incidence of post hysterectomy vault prolapse (PHVP) following native tissue repair has been reported to be as high as 43%, and has shown to occur in 11.6% of hysterectomies performed for POP compared to 1.8% for hysterectomies performed for other indications [1-3]. The associated complication of mesh at time of primary repair has been criticized [4] and there has been a renewed interest in traditional techniques which offer low risk of POP recurrence requiring reoperation. The optimal way of maintaining vault support is unknown. There have been studies done comparing vaginal vault suspension techniques during vaginal hysterectomy such as McCall culdoplasty, sacrospinous ligament fixation and Schull suspension [5-7].

Inclusion criteria:

Patients who attended for vaginal hysterectomy with modified McCall culdoplasty with or without anterior+/- posterior repair due to the presence of symptomatic uterovaginal prolapse.

Exclusion criteria:

- history of previous vaginal surgery
- concomitant augmented mesh repair
- concomitant obliterative procedures

Objectives:

The aim of this study is to evaluate the long-term efficacy of modified McCall culdoplasty in preventing vaginal vault prolapse at the time of vaginal hysterectomy and the long-term impact on quality of life and sexual dysfunction

Materials and methods

This will be a retrospective chart review of all patients who underwent vaginal hysterectomy with modified McCall culdoplasty from January 2008 to December 2018. Patients will be identified from the Urogynecology Department computer database.

Variables;

- Demographics: age, weight, height, BMI, menopausal status, smoking status, parity, pre-operative HRT (local or systemic), medical history.
- pre-operative symptoms of prolapse, urinary incontinence, dyspareunia, anorectal symptoms, grading of pelvic organ prolapse, urodynamic studies
- surgical data including; complications, estimated blood loss
- post-operative grading of prolapse (subjective and objective), cough test, urodynamic studies, symptoms of prolapse, dyspareunia and anorectal symptoms at 6 weeks, 6 months, 1 year and annually.

Study timeline:

- 2 months
- Writing of academic manuscript- 1 months