

Commentary on: Laparoscopic sacrocolpopexy compared with open abdominal sacrocolpopexy for vault prolapse repair: a randomised controlled trial

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This multicentre randomised controlled trial (RCT) compared laparoscopic and open sacrocolpopexy in 74 women with symptomatic vault prolapse. Most previous studies have found that the laparoscopic and open approaches have similar anatomical outcomes but that the laparoscopic approach has the advantages of less blood loss and shorter hospital stay [1–4]. However, one recently published RCT found that the open approach has an anatomical advantage in the anterior compartment at 3 years [5]. The primary outcome in the present study was disease-specific quality of life measured using the Urinary Distress Inventory (UDI) at 12 months. Secondary outcomes included anatomical outcomes at 12 months. There was adequate description of randomization and concealment, but there was a 14% attrition rate and participant or assessor blinding was not possible due to the nature of the procedures being compared.

At 12 months both groups showed significant improvement in their UDI scores compared with before surgery, but the changes were not significantly different between the two groups. Around 70% of women in both groups rated their outcome according to the Patient Global Impression of Improvement (PGI-I) as either “much better” or “very much better”. There was significantly less blood loss (86 ml vs. 200 ml, $p < 0.0001$) and shorter hospital stay (2 day vs. 4 days, $p < 0.01$) in the laparoscopic group. POP-Q scores, complications, operating times and reoperation rates were not

significantly different between the two groups. In conclusion, this study adds to the evidence that subjective and objective outcomes are similar between open and laparoscopic sacrocolpopexy, with the laparoscopic approach having some preoperative advantages.

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