



## P42. MCCALL CULDOPLASTY VS. MINIMALLY INVASIVE SACROSPINOUS LIGAMENT FIXATION AFTER VAGINAL HYSTERECTOMY: A RETROSPECTIVE STUDY

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**Objective:** The primary objective of our study was to compare McCall's culdoplasty with minimally invasive sacrospinous ligament fixation performed during vaginal hysterectomy for vaginal vault suspension in patients with advanced uterovaginal prolapse.

**Method:** A retrospective comparison study.

**Patients:** Twenty-one women underwent McCall Culdoplasty (Group A) adjunct to hysterectomy while 16 women had Sacrospinous Ligament Fixation (Group B) with hysterectomy.

**Interventions:** McCall culdoplasty and minimally invasive sacrospinous ligament fixation were performed according to surgeon choice based on age and sexual activity. Perioperative data, objective, and subjective cure rate were noted. All operations were carried out by two consultant gynaecologists in Bakirkoy Dr Sadi Konuk Teaching and Research Hospital, Istanbul, Turkey between June 2015 and and June 2016. All patients had presented with subjective symptoms of pelvic organ prolapse, and objectively, this was confirmed on objective Pelvic Organ Prolapse Quantification (POP-Q) examination. Follow-up visits were performed 1, 6, and 12 months after surgery. Recurrence of anatomical prolapse was defined as any compartment descent  $\geq$  stage II according to the POP-Q system.

**Main outcome measure:** Recurrence of anatomical prolapse at 1-year follow-up visit.

**Results:** A total of 37 patients (21 in group A and 16 in group B) completed follow-up. All subjects had a uterine prolapse of POP-Q stage 3 or 4. There was no significant difference between age or parity. Operating time did not show any statistically significant differences between two groups ( $p = 0.212$ ). No surgical complication related to either technique used for vault suspension was recorded. All subjects attended the 1-year follow-up visit.

With a follow-up at 1-year, 2 (%9.6) patients receiving modified McCall culdoplasty had prolapse recurrence greater than stage II at any vaginal site compared with 1 (%6.2) patient receiving minimal invasive sacrospinous ligament suspension ( $P = 0.71$ ).

**Conclusion:** There are no clinically significant differences in surgical data, complications, and anatomical outcomes between the two techniques.

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