

ICI 2012: Pelvic organ prolapse surgery

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Pelvic organ prolapse (POP) is a common problem affecting up to 50 % of parous women and 6.3 % of women will have undergone a surgical correction for pelvic organ prolapse by the age of 80 [1]. Prolapse surgery is an increasingly important aspect of gynaecological practice because of our ageing population, the decreasing rate of hysterectomy owing to alternative treatments for menorrhagia, and finally decreasing rates of cervical interventions for cervical dysplasia following the introduction of vaccinations for human papilloma virus. Already, prolapse surgery is performed at least as frequently as continence surgery and, the operating and admission times are at least three times greater than for continence surgery. Given the increasing time and resources that will be required for POP surgery in the future it is paramount that we perform effective, durable, cost-effective interventions with minimal morbidity. These articles serve to outline and summarise the information relating to POP surgery reported in the English-language scientific literature after searching PubMed, Medline, the Cochrane library and Cochrane database of systematic reviews, published up to January 2012, with level 1 evidence (randomised controlled trials [RCT] or systematic reviews), level 2 (poor quality RCT, prospective cohort studies) or level 3 evidence (case series or retrospective studies) have been included if level 1 data were lacking. The committee evaluated

the literature and made recommendations based on the Oxford grading system summarised as:

- Grade A recommendation usually depends on consistent level 1 evidence and often means that the recommendation is effectively mandatory and placed within a clinical care pathway. However, there will be occasions where excellent evidence (level 1) does not lead to a grade A recommendation, for example, if the therapy is prohibitively expensive, dangerous or unethical.
- Grade B recommendation usually depends on consistent level 2 and/or 3 studies, or “majority evidence” from RCTs.
- Grade C recommendation usually depends on level 4 studies or “majority evidence” from level 2/3 studies or Delphi processed expert opinion.
- Grade D “no recommendation possible” would be used where the evidence is inadequate or conflicting and when expert opinion is delivered without a formal analytical process, such as by Delphi.

The recommendations serve as the conclusions of the review and a guide to the status of the current knowledge and future research in POP surgery.

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