



A commentary on “A qualitative study of women’s values and decision-making surrounding LeFort colpocleisis”

Jerome Melon¹

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This is a qualitative study assessing the decision-making process of women who decided to undergo a LeFort colpocleisis for management of their uterovaginal prolapse. It included patients with an intact uterus in order to highlight issues involved when choosing a lower morbidity procedure (LeFort colpocleisis compared with alternatives involving a hysterectomy) at the expense of other factors such as sexual function. This is an important study to better understand the main factors involved for women when choosing an obliterative procedure.

Semi-structured interviews lasting up to 20 min each were carried out with ten Caucasian women (aged 72–87 years) who had undergone a LeFort colpocleisis by a single surgeon. These interviews were recorded, transcribed, coded line by line, and then analyzed along several domains using grounded theory. The main themes assessed included: awareness of the procedure and alternatives, influences on decision-making, regret, and needs assessment. In addition, two validated questionnaires were obtained from participants, namely a decision regret scale and satisfaction with decision scale for pelvic floor disorders.

The results demonstrated that women made the decision for LeFort surgery autonomously, were satisfied with the postoperative results with little regret and wishing they had done it earlier, and felt that the procedure did not affect their sexual

function in a negative way. Interestingly, after eight interviews there was saturation of themes, meaning that no new themes emerged from the interviews.

This article, despite its smaller sample size and relatively homogeneous population, answers many questions about the decision-making process for patients undertaking an obliterative procedure for prolapse, but some questions remain open: What impact did previous pelvic floor surgery have on the decision to proceed with colpocleisis? What was the effect, if any, of postoperative complications or time elapsed since surgery on regret? Are the results generalizable given all subjects were Caucasian, and would decision-making and regret be different in other populations? Seven of the 38 patients declined to take part in the study, and it would be interesting to know whether those women who declined had different outcomes or regret levels. Overall, it remains an interesting study and one of value.

Compliance with ethical standards

Conflict of interest None.

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✉ Jerome Melon
melon.jerome@gmail.com

¹ FPMRS Department, McGill University, Montreal, Canada