



## A commentary on “The modified Manchester Fothergill procedure compared with vaginal hysterectomy with low uterosacral ligament suspension in patients with pelvic organ prolapse: long term outcome”

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This retrospective cohort study aimed to compare long-term outcomes (minimal follow-up of 10 years) of two procedures for treatment of apical pelvic organ prolapse (POP): vaginal hysterectomy with low uterosacral ligament suspension (VH) and the modified Manchester-Fothergill procedure (MF). Women who underwent one of these procedures between 2003 and 2009 were contacted via letter and invited to participate in the study. Patients who agreed to participate were asked to fill out a set of questionnaires compiled by the Dutch Society for Urogynecology, including the Incontinence Impact Questionnaire (IIQ), Urogenital Distress Inventory (UDI) and Defecation Distress Inventory (DDI), which have been validated for the Dutch language. The primary outcome was occurrence of a subjective recurrence of POP. The secondary outcome was reintervention that included physiotherapy due to POP symptoms, pessary fitting or re-operation.

The final analysis included 160 women; 53 respondents were treated with the MF procedure and 107 with VH procedure. Women in the VH group were younger ( $51 \pm 9$  vs.  $57 \pm 9$  years,  $p = 0.001$ ) and were more likely to undergo an anterior colporrhaphy [30 (56%) vs. 39 (37%),  $p = 0.02$ ]. Frequency of preoperative POP-Q stage  $\geq 2$  for the anterior and apical compartments and overall POPQ stage of 3 or 4 in any compartment were similar between groups. Women in the VH group had a higher frequency of POPQ stage  $\geq 2$  in the posterior compartment (42% vs. 28%,  $p = 0.03$ ). At

mean follow-up of 13 years, there were no differences in subjective POP recurrence between groups (51% recurrence for both groups). The secondary outcome of re-intervention rate was similar between groups as well (36% in VH group vs. 27% in the MF group,  $p = 0.26$ ). A Kaplan-Meier curve showed no statistically significant difference in the risk of re-intervention at the maximum follow-up of 16.5 years between the two procedures. However, mean time to undergo a re-intervention of any type for recurrent POP was 3 years shorter in the MF group compared to the VH group: ( $5.39 \pm 4.26$  vs.  $8.21 \pm 3.99$  years,  $p = 0.03$ ).

In summary, this study found comparative long-term subjective outcomes between vaginal hysterectomy with low uterosacral ligament suspension and the modified Manchester-Fothergill procedure with subjective recurrence rate of 51% for both groups. With the growing popularity of uterine-preserving procedures, these results are important and present another step in better understanding long-term outcomes of this category of surgeries. While the generalizability of these results is limited, they are still compelling and give insight into the natural history of these procedures and are helpful during preoperative counseling.

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