

Discussion: Our study demonstrates that in the period of ten or more years after TVT surgery, cure rates may still be considered satisfactory, with a good impact on quality of life and a low rate of complications.

and 2 in HSP group. They were treated by vaginal revision. There were no differences between abdominal and laparoscopic approach.

SC29 Colposacropexy with or without uterus preservation? this is the dilemma

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Aim of the study: The choice between hysterectomy or uterus preservation in patients with pelvic organ prolapse (POP) > stage II is still a controversial matter. Aim of this study is to compare objective and subjective outcomes in women who underwent sacrocolpopexy with or without hysterectomy.

Materials and methods: This is a single center prospective study. We included women with II-IV stage POP according to the POP-Q who performed sacrocolpopexy with total hysterectomy (HYSP) or with uterus preservation (HSP) by abdominal or laparoscopic route. The choice between HYSP or HSP included a detailed counseling. The exclusion criteria were: post-menopausal bleeding, previous CIN, abnormal cervical smears, uterine disease including uterine enlargement or cervical ulceration, and a family history of adnexal or uterine cancer. The preoperative evaluation included: history, clinical examination, urodynamic test. All women completed the IIQ-7, UDI-6 and the FSFI questionnaires. The follow up was performed at 1, 3, 6 and 12 months postoperatively and then annually. At last visit they completed PGI-I questionnaire. Perioperative and late complications were recorded according to the Clavien–Dindo classification. Statistical analysis: The Mann-Whitney and Wilcoxon tests, the McNemar, chi-square or Fisher exact test with $p < 0.05$.

Results: Between December 2013 to December 2018 139 patients, with symptomatic stage >II POP underwent SC (85 HYSP and 55 HSP). Three patients (2 in the HYSP group and 1 in the HSP group) were lost at the last follow-up so 136 patients were included in the study. At a median follow-up of 49.2 months (range 12 to 61 months) clinical evaluation showed a good anatomical correction in both groups with no differences between the HYSP and HSP group (Table I). In both groups no woman had recurrent of anterior, posterior or apical prolapse. In anterior compartment there were 4 and 3 cases of asymptomatic stage II persistence in HSP and HYSP group respectively. In HSP and HYSP there were 3 and 2 persistent cases (stage II) in posterior compartment. None of these patients underwent reoperation. Table II showed functional results that demonstrated a significant improvement in all the symptom without any difference between the two groups. Furthermore IIQ-7, UDI-6 and FSFI scores were significantly improved, as well as the PGI-I scores were high in both group (1 in 95% and in 96% in HYSP and HSP group respectively). According to the Clavien Dindo in both groups there were 2 cases of complications of grade I, 6 cases of grade II in HYSP group, and 3 in HSP group. In HYSP and in HSP groups there were 9 and 4 complications grade III respectively. Six cases of mesh exposures were recorded in HYSP group

Table II: Functional outcomes in HYSP and HSP group

Table II	HYSP PRE	HYSP POST	P value	HSP PRE	HSP POST	P value	P Hy vs hsp post
Voiding symptoms N (%)	69 (84.1%)	2 (2.5%)	<0.0001	49 (90.7%)	1 (1.9%)	<0.0001	0.82
Storage symptoms N (%)	60 (75%)	7 (8.6%)	<0.0001	37 (68.5%)	6 (11.1%)	<0.0001	0.61
Stress urinary incontinence N (%)	39 (47.6%)	21 (25.6%)	<0.0001	23 (42.6%)	11 (20.4%)	0.001	0.48
Urgency urinary incontinence N (%)	11 (13.4%)	3 (27.2%)	0.001	15 (27.7%)	2 (13.2%)	<0.0001	0.99
Sexually active N (%)	41 (50%)	53 (64.6%)	<0.0001	36 (66.7%)	42 (77.8%)	<0.0001	0.10
Sexual disturbances N (%)	31 (37.8%)	3 (3.7%)	<0.0001	19 (35.2%)	1 (1.9%)	<0.0001	0.54
Constipation N (%)	32 (39%)	10 (12.2%)	<0.0001	23 (42.6%)	8 (14.8%)	<0.0001	0.7

Discussion: This study showed that there were no differences, in anatomic and functional outcomes, to perform a colposacropexy with hysterectomy or with uterus preservation.

SC30 Prospective randomized controlled trial comparing the effect of total vs subtotal hysterectomy associated with laparoscopic colposacropexy

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Aim of the study: The primary objective of this study is to compare the anatomical efficacy of laparoscopic colposacropexy (L-CSP) associated with total or subtotal hysterectomy. The secondary objective is to evaluate the effects of these two procedures on urinary symptoms and to define their impact on Quality of Life (QoL).

Materials and methods: This is a prospective randomised study on women who underwent L-CSP for symptomatic stage >2 POP. Pre operative evaluation included: history, pelvic examination, urodynamic study, questionnaires (IIQ-7 and UDI-6, P-QoL). Patients were randomised to undergo L-CSP with total hysterectomy (Group 1) or with subtotal hysterectomy (Group 2). Patients were followed up at 3, 6 and 12 months and thereafter annually, using the preoperative protocol. Patients also completed the PGI-I scale, and the VAS. The complications were evaluated according to the Clavien–Dindo classification. All participants gave informed consent. Patients with a minimum 24 months follow-up were included in this report. Statistical analysis: McNemar Chi-square test, T-test, Mann-Whitney test, $p < 0.05$.

Results: From September 2010 to September 2016, a total of 119 patients with symptomatic POP > stage 2 were enrolled. Of those, 100 patients were found to be eligible for our study: 50 were randomized in Group 1 and 50 were randomized in Group 2. No significant

Table I: Anatomical outcomes in HYSP and HSP group

	Aa pre	Ap pre	Ba pre	Bp pre	c/d pre	Aa post	Ap post	Ba post	Bp post	c/d post
HYSP	3.5±2.3	3.4±2.06	0.9±1.61	1.1±1.88	2.1±2.75	-2.3±0.9	-2.3±0.87	-1.5±1.16	-2.5±0.63	-7.8±1.3
HSP	3.7±1.6	3.6±1.77	1.4±1.46	0.9±2.0	3.1±1.4	-2.4±0.76	-2.1±0.84	-1.4±1.14	-2.5±0.9	-7.2±1.06
P value	P=0.54	P=0.53	P=0.12	P=0.57	P=0.09	P=0.97	P=0.05	P=0.45	P=0.95	P=0.06

Table: (abstract: SC29).