BRITISH SOCIETY OF UROGYNAECOLOGY (BSUG)

VAGINAL VAULT SUSPENSION SURGERY IN THE UK 2008-2017

SACROHYSTEROPEXY REPORT

BSUG AUDIT AND DATABASE COMMITTEE 2019

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Contents

ABBREVIATIONS

British Society of Urogynaecology (BSUG)

National Institute for Health and Care Excellence (NICE)

National Health Service (NHS)

Sacrohysteropexy (SCH)

Laparoscopic Sacrohysteropexy (lap SCH)

Open Sacrohysteropexy (open SCH)

Global impression of improvement (GII)

Royal College of Obstetricians and Gynaecologists (RCOG)

Hospital Episode Statistics (HES)

Preface

The British Society of Urogynaecology (BSUG) database has been available online since 2007. It allows BSUG members to record details of procedures performed to treat urinary incontinence and pelvic organ prolapse. Although voluntary, use of the database is recommended by The National Institute for Health and Care Excellence (NICE). In addition, since July 2018, its use is required for 'high vigilance restriction' procedures [1].

The main aim of the BSUG database is to allow outcomes of individual operations to be studied in detail. Thanks to the commitment of BSUG members - and the patients who kindly allowed their data to be recorded – the database has been extremely successful. Currently more than 140 000 individual surgical episodes have been recorded by many consultants and centres. There have also been many publications which are listed on the BSUG website.

Individual consultants use the BSUG database to examine their own practice and for annual appraisal. It is also one of the requirements to become a BSUG accredited urogynaecology centre.

Continual improvements have been made to the BSUG database by many consultants who have worked in their own time without payment. While not perfect, the large number of cases entered by many consultants allows a valid assessment of the outcome of prolapse and incontinence procedures in the UK to be made.

This is the first National Report on Sacrohysteropexy from the BSUG Audit and Database Committee and includes the first full 10 years of data collection (2008 – 2017). We have included information on national trends and details on both laparoscopic and open sacrohysteropexy. A separate National Report on Sacrocolpopexy is available. A conscious decision was taken to not interpret or comment on the results apart from where an explanation is necessary.

Thank you again to the patients and BSUG members who have contributed to this report which we hope you will find useful.

BSUG Audit and Database Committee 2019

CHAPTER 1: Introduction

1.1 BSUG DATABASE

The British Society of Urogynaecology (BSUG) database was established in 2004 and launched online in 2007. It collects data on operations for urinary incontinence and pelvic organ prolapse from the UK and is open to BSUG members. Access to the database is password-protected and the database is held within the secure NHS N3 network. Data entry is self-reported and voluntary but is recommended by NICE and is currently required for a centre to be accredited in urogynaecology by BSUG. Patient consent is required for data entry.

1.2 DATABASE USAGE

From 2008 to 2017, 116 037 procedures for urinary incontinence and prolapse were entered onto the database. There were 145 centres which entered data and these included teaching hospitals, district general hospitals and private hospitals. The cases entered also include operations carried out by trainees on patients under the care of consultants. These cases are included in the audit as they cannot be easily separated.

1.3 AUDIT TIMEFRAME AND OPERATIONS INCLUDED

The timeframe of the audit was from the start of 2008 (the first full year of online data collection) to the end of 2017. We have also shown the number of sacrohysteropexy (SCH) procedures undertaken in 2018 but have not analysed their outcomes because at the time of writing this report many patients had not completed their follow up.

The 2 operations included in this audit are:

1. Laparoscopic sacrohysteropexy (lap SCH)
2. Open sacrohysteropexy (open SCH)

These operations could be sole procedures or part of a combination of procedures, usually for pelvic organ prolapse but sometimes also for incontinence. Sole procedures cannot automatically be separated from procedures with concomitant operations using the current functions of the database. The data was analysed manually to categorise the procedures.

1.4 OUTCOMES

1.4.1 FOLLOW-UP INTERVAL AFTER SURGERY

The database records the 1st follow-up after surgery at 4 prespecified intervals of 6 weeks, 3 months, 6 months and 1 year. How the follow-up was carried out can also be recorded *(Table 1)*.

Table 1: *Method of follow-up.*

Outpatient visit
Postal questionnaire
Online questionnaire
Telephone follow-up
Follow-up at the GP practice
As per local agreement

1.4.2 GLOBAL IMPRESSION OF IMPROVEMENT (GII) AFTER SURGERY

The outcome of surgery was assessed by looking at the patient-reported global impression of improvement (GII). The scale has 7 outcome categories and is specific to an improvement in prolapse *(Table 2)*. Sacrohysteropexies may have been carried out along with other concomitant procedures that may have a confounding effect on GII. Therefore, GII for both sole procedures and procedures with concomitant operations are reported separately. As the functions of the database only generate the overall GII automatically, data was analysed manually to obtain this information.

Table 2: *Global impression of improvement after surgery.*

Very much better
Much better
A little better
No change
A little worse
Much worse
Very much worse

1.4.3 SURGICAL COMPLICATIONS

The database records prespecified intraoperative and postoperative complications *(Table 3 & 4)*.

Table 3: *Intraoperative complications.*

Ureteric injury
Bladder injury
Bowel injury
Urethral injury
Nerve injury
Estimated blood loss > 500 ml

Table 4: *Postoperative complications.*

Graft complications (where relevant)
Blood transfusion
Thromboembolism
Return to theatre within 72 hours of the procedure
Catheterisation > 10 days
Readmission within 30 days of the procedure
Death

The database allows users to record the occurrence of postoperative 'graft complications'. It does not specify the exact nature of the complication and could encompass various mesh-related problems including pain, infection, urinary symptoms and mesh exposure or erosion. It was therefore not possible to categorise mesh complications more precisely for this report, but much more detailed assessments have now been added to the BSUG database.

It is important to note that sacrohysteropexy procedures may have been carried out along with other concomitant operations which may have a confounding effect on the complication rate. Therefore, the rate for both sole procedures and procedures with concomitant operations are reported separately. As the functions of the database only generate the overall complication rate automatically, data was analysed manually to obtain this information.

1.4.4 ASSIGNMENT OF RISK FOR COMPLICATIONS

The incidence of each intraoperative and postoperative complication was assigned a level of risk based on guidance by the Royal College of Obstetricians and Gynaecologists [2] *(Table 5)*.

Table 5: *Assignment of risk for complications.*

Term	Equivalent numerical ratio	Colloquial equivalent
Very common	1/1 to 1/10	A person in a family
Common	1/10 to 1/100	A person in a street
Uncommon	1/100 to 1/1000	A person in a village
Rare	1/1000 to 1/10 000	A person in a small town
Very rare	Less than 1/10 000	A person in a large town

CHAPTER 2: Number of procedures and trends

2.1 NUMBER OF PROCEDURES 2008-2017

There were 2546 sacrohysteropexies. There were 2356 (92.5%) laparoscopic sacrohysteropexies (lap SCH) and 190 (7.5%) open sacrohysteropexies (open SCH).

Figure 1 & *Table 6* shows the number of sacrohysteropexies per year. Although not included in the audit, the number of procedures in 2018 is also shown as sacrocolpopexies and sacrohysteropexies were designated as high vigilance procedures by NHS England in July 2018 [1]. This may have influenced the number of procedures performed that year.

2.2 TRENDS 2008-2018

The number of open SCH remained low throughout the timeframe of the audit. There was a steep rise in the number of lap SCH per year from 2009 to 2014. There was a plateau in the number of lap SCH from 2014 to 2017 after which there was a sharp drop (-42.3%).

Figure 1: *Number of laparoscopic sacrohysteropexy (lap SCH) and open sacrohysteropexy (open SCH) procedures added to the BSUG database per year 2008-2018.*

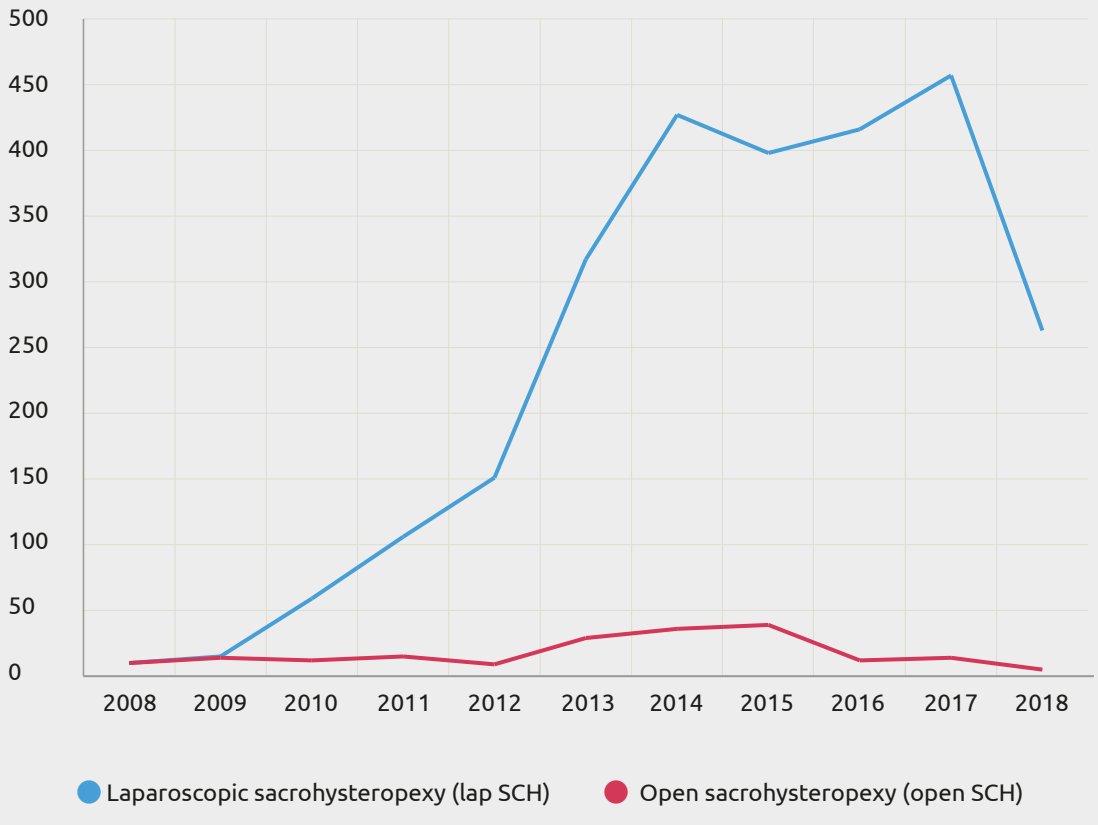

Table 6: *Number of laparoscopic sacrohysteropexy (lap SCH) and open sacrohysteropexy (open SCH) procedures added to the BSUG database per year 2008-2018.*

	Laparoscopic sacrohysteropexy	Open sacrohysteropexy
2008	10	10
2009	15	14
2010	59	12
2011	106	15
2012	151	9
2013	317	29
2014	427	36
2015	398	39
2016	416	12
2017	457	14
2018	263	5
Total	**2619**	**195**

Note: Figures from 2018 excluded from audit analysis

CHAPTER 3: Sole and concomitant procedures

LAPAROSCOPIC SACROHYSTEROPEXY
Lap SCH was categorised into *(Figure 2, Table 7)*:
1. Lap SCH only (58.1%)
2. Lap SCH + other procedures (48.9%)

Other Procedures comprised mainly of pelvic floor repairs.
3.9% (92) had continence operations.

OPEN SACROHYSTEROPEXY
Open SCH was categorised into *(Figure 2, Table 7)*:
1. Open SCH only (53.7%)
3. Open SCH + other procedures (46.3%)

Other Procedures comprised mainly of pelvic floor repairs.
16.3% (31) had continence operations.

The groups were not automatically separable using the functions of the database.
Data was analysed manually to obtain this information.

Figure 2: *Sacrohysteropexy: Sole procedures and those with concomitant operations.*

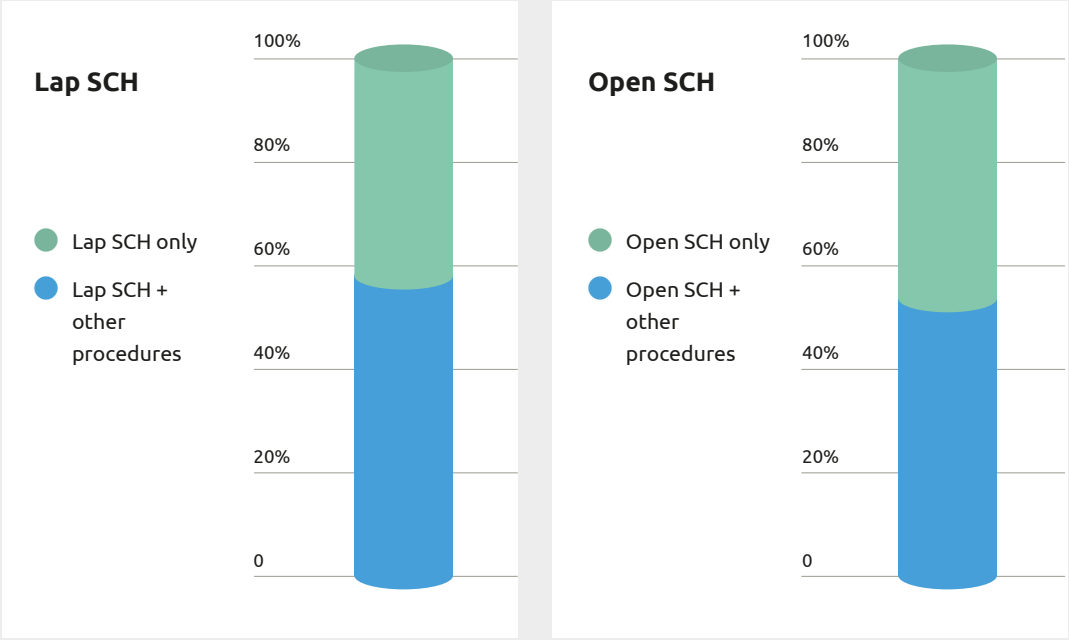

Table 7: *Sacrohysteropexy: Sole procedures and those with concomitant operations.*

Laparoscopic sacrohysteropexy	**n (%)**
Lap SCH only	1368 (58.1%)
Lap SCH + other procedures	988 (41.9%)
Total	**2356**

Open sacrohysteropexy	**n (%)**
Open SCH only	102 (53.7%)
Open SCH + other procedures	88 (46.3%)
Total	**190**

CHAPTER 4: Primary and repeat operations for prolapse

4.1 SURGERY FOR RECURRENT PROLAPSE

6.4% (137) of lap SCH were for recurrent prolapse compared with 20.1% (30) for open SCH *(Figure 3, Table 8)*.

Figure 3: *Sacrohysteropexy: Primary and repeat operations for prolapse.*

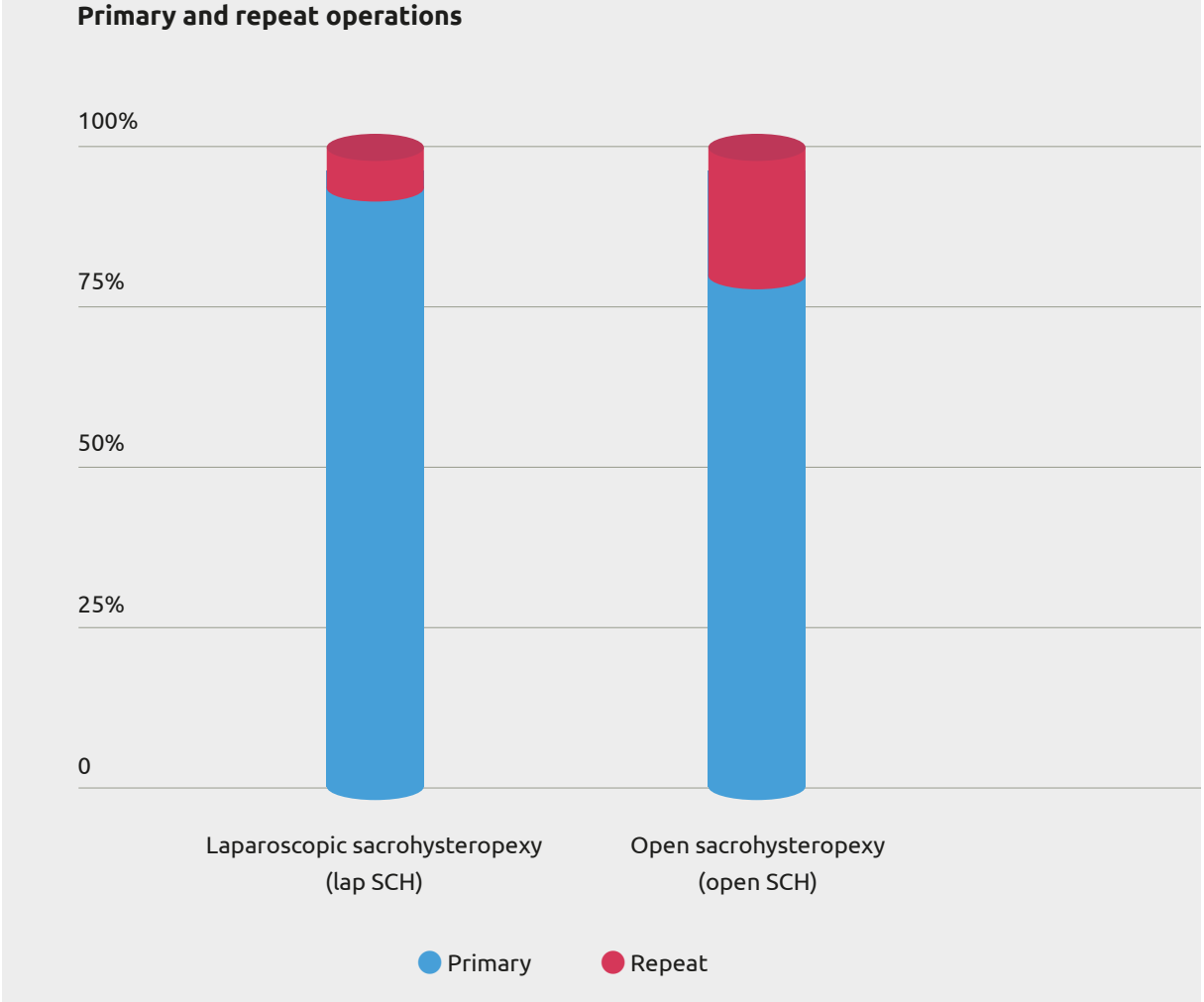

Table 8: *Sacrohysteropexy: Primary and repeat operations for prolapse.*

	Laparoscopic sacrohysteropexy	Open sacrohysteropexy
Primary	1994 (93.6%)	119 (79.9%)
Repeat	137 (6.4%)	30 (20.1%)
Unanswered	225	41
Total	**2356**	**190**

CHAPTER 5: Follow-up after surgery

5.1 FOLLOW-UP METHOD

Prespecified methods of follow-up can be recorded in the database *(Table 9)*.

LAPAROSCOPIC SACROHYSTEROPEXY
1605 (68.1%) lap SCH had the follow-up method recorded.
Of these, 94.4% were followed-up in clinic.

OPEN SACROHYSTEROPEXY
134 (70.5%) open SCH had the follow-up method recorded.
Of these 98.5% were follow-up in clinic.

Table 9: *Method of follow-up.*

	Laparoscopic sacrohysteropexy	Open sacrohysteropexy
As per local agreement	1 (0.06%)	0
GP practice	0	1 (0.7%)
Outpatient visit	1515 (94.4%)	132 (98.5%)
Postal questionnaire	75 (4.7%)	0
Telephone response	14 (0.9%)	1 (0.7%)
Unanswered	751	56
Total	**2356**	**190**

5.2 FOLLOW-UP INTERVAL AFTER SURGERY

The database records the interval to the 1st follow-up after surgery at 4 prespecified intervals; 6 weeks, 3 months, 6 months and 1 year *(Table 10)*.

LAPAROSCOPIC SACROHYSTEROPEXY

1585 (67.3%) lap SCH had the 1st follow-up interval recorded.
The 1st follow-up occurred most frequently at 3 months (62.5%).

OPEN SACROHYSTEROPEXY

130 (68.4%) of open SCH had the 1st follow-up interval recorded.
The 1st follow-up occurred most frequently at 3 months (58.5%).

Table 10: *Sacrohysteropexy: Follow-up interval after surgery. n (%)*

	6 weeks	3 months	6 months	12 months	Unanswered	Total
Lap SCH	280 (17.7%)	990 (62.5%)	282 (17.8%)	33 (2.1%)	771	2356
Open SCH	39 (30.0%)	76 (58.5%)	8 (6.2%)	7 (5.4%)	60	190

CHAPTER 6: Global impression of improvement (GII) after surgery

The efficacy of surgery was assessed using patient-reported global impression of improvement (GII).

Concomitant procedures may have a confounding effect on GII. Therefore, GII for both sole procedures and procedures with concomitant operations are reported separately. As the functions of the database only generate the overall GII automatically, data was analysed manually to obtain this information.

6.1 GII AT 1ST FOLLOW-UP

LAPAROSCOPIC SACROHYSTEROPEXY

GII at the 1st follow-up was recorded in 64.2% (1512) of cases *(Table 11)*.

Overall, 89.7% (1356) of lap SCH were Much Better (MB) or Very Much Better (VMB).

89.8% (784) of the lap SCH Only group were Much Better or Very Much Better.

89.5% (572) of the lap SCH + Other Procedure group were Much Better or Very Much Better.

OPEN SACROHYSTEROPEXY

GII at the 1st follow-up was recorded in 66.8% (127) of cases *(Table 12)*.

Overall, 97.6% (124) of open SCH were Much Better (MB) or Very Much Better (VMB).

95.2% (60) of the open SCH Only group were Much Better or Very Much Better.

100% (64) of the open SCH + Other Procedure group were Much Better or Very Much Better.

Table 11: *Laparoscopic sacrohysteropexy GII at 1st follow-up. n (%)*

	Unanswered	VMB	MB	ALB	NC	ALW	MW	VMW	Total
Lap SCH only	495	622 (71.2%)	162 (18.6%)	63 (7.2%)	21 (2.4%)	2 (0.2%)	1 (0.1%)	2 (0.2%)	1368
Lap SCH + other	349	423 (66.2%)	149 (23.3%)	38 (5.9%)	22 (3.4%)	2 (0.3%)	3 (0.5%)	2 (0.3%)	988
Total	844	1045 (69.1%)	311 (20.6%)	101 (6.7%)	43 (2.8%)	4 (0.3%)	4 (0.3%)	4 (0.3%)	2356

Table 12. *Open sacrohysteropexy GII at 1st follow-up. n (%)*

	Unanswered	VMB	MB	ALB	NC	ALW	MW	VMW	Total
Open SCH only	39	45 (71.4%)	15 (23.8%)	3 (4.8%)	0	0	0	0	102
Open SCH + other	24	48 (75.0%)	16 (25.0%)	0	0	0	0	0	88
Total	63	93 (73.2%)	31 (24.4%)	3 (2.4%)	0	0	0	0	190

6.2 GII AT DIFFERENT FOLLOW-UP INTERVALS

LAPAROSCOPIC SACROHYSTEROPEXY

63.1% (1487) of lap SCH operations had both GII and the 1st follow-up interval recorded *(Table 13, shaded area)*. At 6 weeks, 90.8% of patients were Much Better or Very Much Better. Of the much smaller number of reviews at 12 months, 86.2% were Much Better or Very Much Better.

OPEN SACROHYSTEROPEXY

45.8% (87) of open SCH had both GII and the 1st follow-up interval recorded *(Table 14, shaded area)*. At 3 months (there were no follow-ups at 6 weeks), 97.2% of patients were Much Better or Very Much Better. Of the much smaller number of reviews at 12 months, 100% were Much Better or Very Much Better.

Table 13: *Laparoscopic sacrohysteropexy GII at different time intervals. n (%)*

Lap SCH	Unanswered	VMB	MB	ALB	NC	ALW	MW	VMW	Total
Unanswered	746	12	11	1	1	0	0	0	771
6 weeks	8	194 (71.3%)	53 (19.5%)	15 (5.5%)	8 (2.9%)	1 (0.4%)	0	1 (0.4%)	280
3 months	57	661 (70.8%)	183 (19.6%)	63 (6.8%)	18 (1.9%)	3 (0.3%)	3 (0.3%)	2 (0.2%)	990
6 months	29	161 (63.6%)	56 (22.1%)	20 (7.9%)	14 (5.5%)	0	1 (0.4%)	1 (0.4%)	282
12 months	4	17 (58.6%)	8 (27.6%)	2 (6.9%)	2 (6.9%)	0	0	0	33
Total	844	1045	311	101	43	4	4	4	2356

Table 14: *Sacrospinous hysteropexy GII at different time intervals. n (%)*

Open SCH	Unanswered	VMB	MB	ALB	NC	ALW	MW	VMW	Total
Unanswered	58	2	0	0	0	0	0	0	60
6 weeks	0	0	0	0	0	0	0	0	0
3 months	4	52 (72.2%)	18 (25.0%)	2 (2.8%)	0	0	0	0	76
6 months	0	5 (62.5%)	3 (37.5%)	0	0	0	0	0	8
12 months	0	4 (57.1%)	3 (42.9%)	0	0	0	0	0	7
Total	63	93	31	3	0	0	0	0	190

CHAPTER 7: Complications of surgery

The database records prespecified intraoperative and postoperative complications. Concomitant procedures may have a confounding effect on the complication rate. Therefore, the complication rate for sole procedures, procedures with concomitant operations and the overall rate are reported separately. As the functions of the database only generate the overall complication rate automatically, data was analysed manually to obtain this information.

7.1 INTRAOPERATIVE COMPLICATIONS

LAPAROSCOPIC SACROHYSTEROPEXY

The most common intraoperative complications for all procedures combined were bladder injury (0.5%), blood loss of >500 ml (0.3%) and bowel injury (0.1%) *(Table 15, with Table 17 showing the detailed results)*.

OPEN SACROHYSTEROPEXY

The most common intraoperative complication for all procedures combined was blood loss of >500 ml (2.6%) *(Table 15, with Table 18 showing the detailed results)*.

Table 15: *Sacrohysteropexy intraoperative complications.*

	Lap SCH	%	Risk	Open SCH	%	Risk
Ureteric injury	Overall	0.04	Rare	Overall	0	Very rare
	SCH only	0		SCH only	0	
	SCH + other	0.1		SCH + other	0	
Bladder injury	Overall	0.5	Uncommon	Overall	0	Very rare
	SCH only	0.2		SCH only	0	
	SCH + other	0.9		SCH + other	0	
Urethral injury	Overall	0	Very rare	Overall	0	Very rare
	SCH only	0		SCH only	0	
	SCH + other	0		SCH + other	0	
Bowel injury	Overall	0.1	Uncommon	Overall	0	Very rare
	SCH only	0.08		SCH only	0	
	SCH + other	0.2		SCH + other	0	
Nerve injury	Overall	0	Very rare	Overall	0	Very rare
	SCH only	0		SCH only	0	
	SCH + other	0		SCH + other	0	
Estimated blood loss >500 ml	Overall	0.3	Uncommon	Overall	2.6	Common
	SCH only	0.2		SCH only	4.0	
	SCH + other	0.5		SCH + other	1.1	

7.2 POSTOPERATIVE COMPLICATIONS

LAPAROSCOPIC SACROHYSTEROPEXY

The most common postoperative operative complications were readmission within 30 days of surgery (2.2%), catheterisation for >10 days (1.0%) and postoperative graft complication (0.5%) *(Table 16, with Table 17 showing the detailed results)*.

OPEN SACROHYSTEROPEXY

The most common postoperative complications were readmission within 30 days of surgery (5.8%), return to theatre within 72 hours and catheterisation for >10 days (both 0.7%) *(Table 16, with Table 18 showing the detailed results)*.

POSTOPERATIVE GRAFT COMPLICATION

The database allows users to record the presence or absence of a 'postoperative graft complication' at follow-up. The term does not specify the exact nature of the complication and could encompass various mesh-related problems including pain, infection, urinary symptoms or mesh exposure and erosion. It was therefore not possible to categorise mesh complications more specifically.

An exact incidence of postoperative graft complications was difficult to obtain due to the lack of long-term follow-up and missing values. In addition, use of the database is voluntary and can only be accessed by BSUG members. These factors are likely to result in an underestimation of the incidence.

Table 16: *Sacrohysteropexy postoperative complications.*

	Lap SCH	%	Risk	Open SCH	%	Risk
Blood transfusion	Overall	0.04	Rare	Overall	0.5	Uncommon
	SCH only	0		SCH only	1.0	
	SCH + other	0.1		SCH + other	0	
Venous thromboembolism	Overall	0.09	Rare	Overall	0	Very rare
	SCH only	0.08		SCH only	0	
	SCH + other	0.1		SCH + other	0	
Death	Overall	0	Very rare	Overall	0	Very rare
	SCH only	0		SCH only	0	
	SCH + other	0		SCH + other	0	
Return to theatre within 72 hrs of surgery	Overall	0.4	Uncommon	Overall	0.7	Uncommon
	SCH only	0.4		SCH only	1.4	
	SCH + other	0.5		SCH + other	0	
Catheter for > 10 days	Overall	1.0	Common	Overall	0.7	Uncommon
	SCH only	0.8		SCH only	1.4	
	SCH + other	1.4		SCH + other	0	
Readmission within 30 days	Overall	2.2	Common	Overall	5.8	Common
	SCH only	1.5		SCH only	4.2	
	SCH + other	3.3		SCH + other	7.7	
	Lap SCH 36 readmissions – 1 elective, 10 emergency, 25 unspecified Open SCH - 8 readmissions – 1 elective, 2 emergency, 5 unspecified					
Postoperative graft complication	Overall	0.5	Uncommon	Overall	0	Very rare
	SCH only	0.5		SCH only	0	
	SCH + other	0.6		SCH + other	0	

Table 17: *Detailed lap SCH complication table.*

Lap SCH		%	Yes	No	Unrecorded	Total
Ureteric injury	Lap SCH only	0	0	1320	48	1368
	Lap SCH + other	0.1	1	964	23	988
	Overall	0.04	1	2284	71	2356
Bladder injury	Lap SCH only	0.2	2	1317	49	1368
	Lap SCH + other	0.9	9	957	22	988
	Overall	0.5	11	2274	71	2356
Urethral injury	Lap SCH only	0	0	1284	84	1368
	Lap SCH + other	0	0	928	60	988
	Overall	0	0	2212	144	2356
Bowel injury	Lap SCH only	0.08	1	1319	48	1368
	Lap SCH + other	0.2	2	963	23	988
	Overall	0.1	3	2282	71	2356
Nerve injury	Lap SCH only	0	0	1319	49	1368
	Lap SCH + other	0	0	965	23	988
	Overall	0	0	2284	72	2356
EBL > 500 ml	Lap SCH only	0.2	2	1317	49	1368
	Lap SCH + other	0.5	5	960	23	988
	Overall	0.3	7	2277	72	2356
Transfusion	Lap SCH only	0	0	1319	49	1368
	Lap SCH + other	0.1	1	964	23	988
	Overall	0.04	1	2283	72	2356
VTE	Lap SCH only	0.08	1	1315	52	1368
	Lap SCH + other	0.1	1	961	26	988
	Overall	0.09	2	2276	78	2356
Death	Lap SCH only	0	0	1314	54	1368
	Lap SCH + other	0	0	962	26	988
	Overall	0	0	2276	80	2356
RTT	Lap SCH only	0.4	4	958	406	1368
	Lap SCH + other	0.5	3	661	324	988
	Overall	0.4	7	1619	730	2356
Cath > 10 days	Lap SCH only	0.8	8	954	406	1368
	Lap SCH + other	1.4	8	656	324	988
	Overall	1.0	16	1610	730	2356
Readmission	Lap SCH only	1.5	14	934	420	1368
	Lap SCH + other	3.3	22	638	328	988
	Overall	2.2	36	1572	748	2356
	36 readmissions – 1 elective, 10 emergency, 25 unspecified					
Postop graft complication	Lap SCH only	0.5	4	773	591	1368
	Lap SCH + other	0.6	3	533	452	988
	Overall	0.5	7	1306	1043	2356

Table 18: *Detailed open SCH complication table.*

Open SCH		%	Yes	No	Unrecorded	Total
Ureteric injury	Lap SCH only	0	0	101	1	102
	Lap SCH + other	0	0	88	0	88
	Overall	0	0	189	1	190
Bladder injury	Lap SCH only	0	0	101	1	102
	Lap SCH + other	0	0	88	0	88
	Overall	0	0	189	1	190
Urethral injury	Lap SCH only	0	0	80	22	102
	Lap SCH + other	0	0	68	20	88
	Overall	0	0	148	42	190
Bowel injury	Lap SCH only	0	0	101	1	102
	Lap SCH + other	0	0	88	0	88
	Overall	0	0	189	1	190
Nerve injury	Lap SCH only	0	0	101	1	102
	Lap SCH + other	0	0	88	0	88
	Overall	0	0	189	1	190
EBL > 500 ml	Lap SCH only	4.0	4	97	1	102
	Lap SCH + other	1.1	1	87	0	88
	Overall	2.6	5	184	1	190
Transfusion	Lap SCH only	1.0	1	100	1	102
	Lap SCH + other	0	0	88	0	88
	Overall	0.5	1	188	1	190
VTE	Lap SCH only	0	0	95	7	102
	Lap SCH + other	0	0	87	1	88
	Overall	0	0	182	8	190
Death	Lap SCH only	0	0	95	7	102
	Lap SCH + other	0	0	87	1	88
	Overall	0	0	182	8	190
RTT	Lap SCH only	1.4	1	73	28	102
	Lap SCH + other	0	0	66	22	88
	Overall	0.7	1	139	50	190
Cath > 10 days	Lap SCH only	1.4	1	73	28	102
	Lap SCH + other	0	0	67	21	88
	Overall	0.7	1	140	49	190
Readmission	Lap SCH only	4.2	3	69	30	102
	Lap SCH + other	7.7	5	60	23	88
	Overall	5.8	8	129	53	190
	8 readmissions – 1 elective, 2 emergency, 5 unspecified					
Postop graft complication	Lap SCH only	0	0	45	57	102
	Lap SCH + other	0	0	38	50	88
	Overall	0	0	83	107	190

CHAPTER 8: Limitations of the audit

Not every sacrohysteropexy operation over the last 10 years has been included in this analysis as use of the database is voluntary and open only to BSUG members. Some procedures will have been performed by Consultants who are not members of BSUG. A comparison to Hospital Episode Statistics (HES) has not been made.

The large difference in the number of laparoscopic sacrohysteropexy and open sacrohysteropexy procedures entered onto the BSUG database limits valid comparisons. The different methods of mesh / graft attachment to the cervix and sacrum along with the different suture materials or staples used for attachment were not recorded. In addition, other surgical information such as closure of the peritoneum over the mesh / graft were not captured. These factors may influence both the success rates and mesh / graft complications rates.

In addition, caution must be applied to the use and interpretation of this report because of missing data and the limited recording of long-term outcomes – both positive and negative. This is particularly so for long-term complications which may arise after the initial period of follow-up and which may have been treated in other units.

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