

Surgical interventions for uterine prolapse and for vault prolapse: the two VUE RCTs

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Plain English summary

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Plain English summary

About 1 in 10 women has pelvic organ prolapse (POP) surgery, and around three of these women require a further operation.

The aim of this study was to identify the most appropriate surgery for two different types of POP found in women: (1) when the uterus itself has come down – the Uterine trial – and (2) when a previous hysterectomy has resulted in the top of the vagina coming down – the Vault trial.

In the Uterine trial, preserving the uterus was compared with removing it vaginally. In the Vault trial, uplifting and supporting the vault prolapse using an abdominal approach was compared with a vaginal approach. Women were asked about their prolapse and other symptoms affecting their quality of life (QoL).

The majority of women reported that their prolapse symptoms and QoL improved after surgery. The women's prolapse was also measured by clinical examination before and 12 months after their operation. All of these results were compared between the different procedures.

It was found that all the surgical procedures were successful within the 12-month review period. Abdominal surgery in the Vault trial as well as any that was required in the Uterine trial, was, however, slightly less cost-effective.

Serious complications and the need for further prolapse surgery were similar in all groups. A small number of women did require additional surgery for prolapse recurrence or for small mesh exposure when additional or prolapse procedures had involved mesh.

Women in both trials will be followed up for at least 6 years to determine longer-term costs and consequences.

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This report

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