

## **Vaginal prolapse surgery - surgical activity, postoperative treatment, hospital stay and convalescence.**

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This Ph.D.-thesis consists of a summary and four original papers based on studies conducted at the Department of Obstetrics and Gynecology, department of gastrosurgery and the Clinical Research Unit, Hvidovre University Hospital, Denmark.

The aims of the thesis were: To elucidate the opinion among Danish gynecologist about treatment principles advice and restrictions after vaginal prolapse surgery. To investigate hospital stay and convalescence before and during an intervention study about fast track vaginal surgery. To analyze data about vaginal prolapse surgery in Denmark, which was achieved through a validated questionnaire sent to all Danish gynecologist (n=433) in 1999, a retrospective study including 188 women operated in a conventional setting in 1996-1998, a prospective study including 41 consecutive women undergoing vaginal prolapse surgery in a fast track setting in 1999-2000, and an analysis of all cases (n=10,555) of vaginal prolapse surgery in Denmark in 1999-2001.

The doctors' choice of treatment principles and recommendations varied considerably. Examples of lifting restrictions are: 2 kg from 1-12 weeks, 5 kg from 1-12 weeks and 10 kg from 2-12 weeks. Recommended sick leave was median 6 weeks (range, 3-12 weeks) in the case of strenuous work.

Hospital stay was reduced from median 4 days to median 1 day irrespective of the procedure, the age and medical history of the patient without increased risk of complications and readmission. Recommended convalescence was reduced from median 6 weeks for most activities to an actual, median convalescence of <1 week for most non-strenuous activities, <2 weeks for non-strenuous work and <4 weeks for strenuous activities and strenuous work. There was a 26% increase in the number of vaginal prolapse procedures from 1999-2001. The surgical activity and the median hospital stay at different hospitals varied considerably, i.e. from 3 to 328 cases, and from median 1 to median 4 days in 2001, respectively. 4% were reoperated due to complications. The risk of reoperation was significantly higher after vaginal procedures combined with non-vaginal prolapse procedures, and after vaginal hysterectomy compared with the Manchester procedure.

Length of hospital stay and convalescence can be reduced significantly through the implementation of optimized, perioperative care programs with non-restrictive advice. However, large-scale studies and follow up is necessary to elucidate the risk of recurrence. Further studies to provide evidence basis for choice of surgical procedure are suggested. Consensus and guidelines about treatment principles and recommendations are desirable. An optimization of the national patient registry and an urogynaecologic database including options to code for complexity and recurrent procedures is recommended for quality control.

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