

ABSTRACT

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Title of Thesis: Profile of patients with pelvic organs prolapse

Introduction: Up to half of women over the age of 50 suffer from the pelvic organs prolapse. Although not a life-threatening condition, descending in higher stages reduces the patient's quality of life. Around 11 % of women therefore opt for an operative solution. Unfortunately, operations correcting the descent of the pelvic organs are burdened by a relatively large rate of return (recurrence) of the descent.

Aim of the thesis: The aim of this work was a retrospective evaluation of the success of pelvic organ descent surgeries, analysis of risk factors leading to recurrence and finding out the subjective satisfaction of patients with the operation depending on whether they suffered from recurrence or not. The operations were performed at the University Hospital in Hradec Králové. These were always procedures associated with the use of polypropylene *MESH* implanted vaginally.

Methods: In the evaluation of the first half of the experimental part, the examined group contained 241 women who underwent pelvic prolapse surgery between 2012 and 2019. Patients were divided into three groups according to the success of the operation: women who did not prolapse and the operation can be considered successful - women without recurrence. In the second group, there were women who had a recurrence of pelvic organ descent after the operation in the same part as before. And the third group was represented by women whose descent returned in a non-operated part. I evaluated the established hypotheses and always compared them between the groups. The statistical tests we used were: Microsoft Excel were: Two-sample F-test for variance, Two-sample t-test

with equality of variances and Two-sample t-test with unequal variance. The Logistic regression function was used to calculate the probability.

The second half of the experimental part was conducted in the form of a questionnaire. 66 women were excluded from the sample due to failure to provide a telephone interview or death. The sample contained 175 patients, focusing on their subjective impressions from the previous operation. Subsequently, the statements were compared according to whether they were women without recurrence or women with it (divided into only two groups). The statistical tests we used were: the Chi - square test, the Fisher test and the Two - sample t - test with equality of variances.

Results: In the evaluation of the 1st experimental part, it was concluded that all potential risk factors - old age, BMI, parity and weight of children born - did not appear to be statistically significant in the statistical evaluation.

The percentage evaluation of the subjective questionnaire history in the second half of the experimental part shows that 70 % of patients did not have a positive family history and the statements did not differ statistically between women with recurrence and women without. 95 % of patients are satisfied with the surgery, the statements between the groups do not differ. 92 % said that their condition improved significantly after the operation. Unfortunately, the feeling of a "bulge" (bulge syndrome) in the birthplace, so 15 % of women experience failure of the operation, so 24 % of them have to perform pre-micturition reduction, which only applies to women in the recurrence category. A secondary finding is the fact that only 54 % of women adhere to the regime measures recommended to them after the procedure, while the violation of restrictions occurs in both groups equally independent of recurrence. In the future, the scale of recurrence may increase. A large number of patients acknowledge the symptoms of urge incontinence. This is 55 % of women, there is no statistical dependence between groups. However, it has been shown that the subjective feeling of more frequent urination occurs more in women with recurrence. At the same time, 18 % of sexually active women now experience pain during intercourse, more often affecting women with recurrence. The fact that 27 % of women have improved their sex regardless of recurrence can be added to the success of the operation. Surgery made it easier for 55 % of patients to urinate, but there was no statistical significance between

the two groups. 28 % of women reported problematic bowel movements and 23 % reported problems with constipation, and there was no statistical dependence between the groups.

Conclusion: None of the potential risk factors for pelvic organ decline have been confirmed as risky in our study. When we asked about satisfaction with the operation, 95 % of patients answered positive answer in both groups.

Key words: pelvic organs prolapse, recurrence, risk factors, *MESH*