

Laparoscopic mesh sacrocervicocolpopexy with subtotal hysterectomy. Analysis of postoperative anemia, risk factors and relationship with surgical recurrence.

Hernandez Pailos R¹, Hernandez C¹, Cabezas E¹, Tenorio M¹, Muriel A², Moratalla E¹, Lazaro Carrasco J³
 1. Hospital Universitario Ramón y Cajal., 2. Hospital Universitario Ramón y Cajal. IRYCIS. CIBERESP. Universidad de Alcalá. Madrid. Spain.,
 3. Hospital Universitario Ramón y Cajal. Universidad de Alcalá. Madrid. Spain.

Hypothesis / aims of study

Incidence of severe anemia and blood cell transfusion after subtotal hysterectomy and laparoscopic sacrocervicocolpopexy in uterine prolapse surgery.

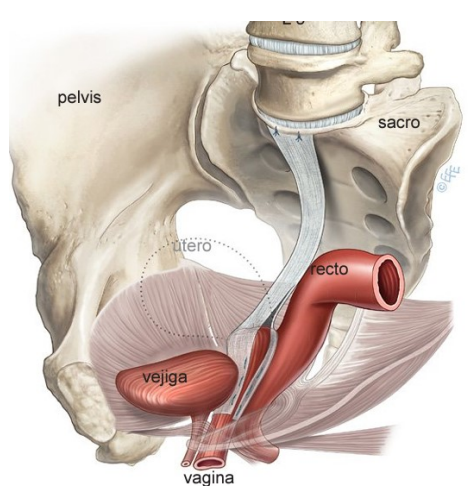
Preoperative and intraoperative factors that could be related with postoperative anemia.

Is severe anemia related to surgical recurrence?

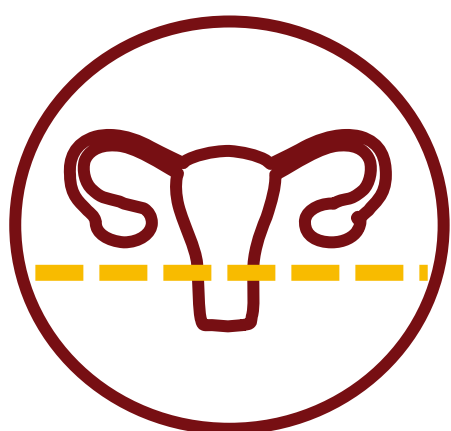
Study design / materials and methods

 Hospital Universitario
Ramón y Cajal

Observational analytical
retrospective cohort study



N=92
SERATEX E9



**Laparoscopic subtotal hysterectomy
and sacrocervicocolpopexy**

September 2018 - October 2023

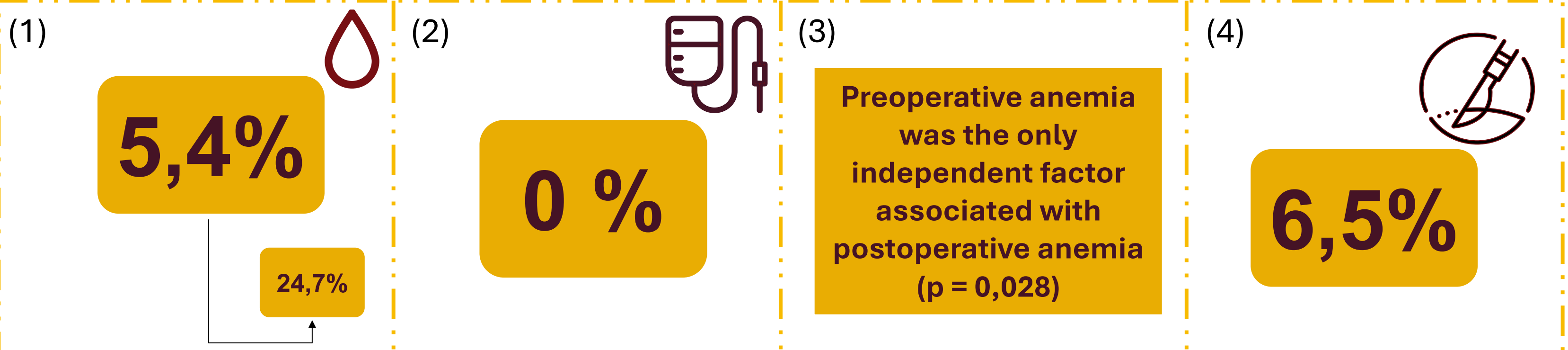
- (1) Incidence **postoperative anemia** with two cut-off: postoperative **hemoglobin < 10 g/dL** or a grade of **anemization ≥ 2,5 g/dL** between pre and postoperative hemoglobin levels.
- (2) Incidence of **postoperative blood cell transfusion**.
- (3) Preoperative and intraoperative **risk factors (*)**.
- (4) **Surgical recurrence**: defined as symptomatic prolapse that requires a **new surgical technique**.

(*) Preoperative: patient age, menopause, body mass index (BMI), weigh, number of births, smoke, hypertensive treatment, respiratory problems (Asthma, chronic obstructive pulmonary disease (COPD) or obstructive sleep apnea syndrome (OSAS)), history of assisted vaginal birth or twin vaginal birth, history of cesarean section, history of abdominal surgeries, history of vaginal surgeries, uterine diameter, presence of myomas, preoperative anesthetic risk assessment by the American society of anesthesiologist classification (ASA), experience of the surgical team and adnexectomy or salpingectomy.

Intraoperative: intraoperative blood loss describe in the surgical report, urological or digestive incidental injuries during surgery, the use of uterine manipulator, the use of peritoneal tunneler, surgical anesthetic preparation longer than 30 minutes, surgical delay longer than 30 minutes over the media of the surgical team, intraoperative respiratory complications, intraoperative change of the surgical technique.

Results

Demographic characteristics: median age of **55 years**, median weigh of **66,8 Kg**, a median body mass index of **26,2 Kg/ m²** and a 65% menopause.



Interpretation of results

Very low risk of severe postoperative anemia 

Very low risk of blood cel transfusion 

Postoperative anemia is **NOT related** to a higher risk of **surgical recurrence** 

Concluding message

Prolapse surgery with laparoscopic subtotal hysterectomy and sacrocervicocolpopexy with mesh has a very low risk of severe postoperative anemia and very low rate of intra or postoperative blood cell transfusion.

The postoperative anemia is not related to surgical recurrence.