

Post hysterectomy vaginal vault excision for chronic pelvic pain and dyspareunia

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INTRODUCTION: Chronic pelvic pain and dyspareunia following hysterectomy is well known entity. Excision of vaginal vault for dyspareunia is underreported. On literature search we found only two case series in the English literature of vaginal vault excision."

MATERIALS/METHOD: This is a case series of 22 patients with post hysterectomy dyspareunia and chronic pelvic pain who had vaginal vault (apex) excision in Dewsbury and District Hospital, UK between 2003 and 2007. The case notes were reviewed retrospectively. All patients were examined to confirm vault tenderness. Once bladder and bowel were mobilized from the vaginal apex and ureters identified, full thickness vaginal vault was excised along with scar tissues or any cyst. The vaginal cuff was closed laparoscopically. All patients had pain score checked before and after 6 months. Quality of life and sexual health questionnaire were sent in Aug 2007 to all patients.

RESULTS: The mean age of the patients was 40.5 years (range -35years to 56years). The interval between hysterectomy and this operation was 1 to 22 years. All women had vaginal vault tenderness on examination. There was no intraoperative or post-operative complication except one who had bladder perforation with verres needle. All patients were discharged after overnight stay. The histology of the excised vault tissue confirmed pathology in 19 (86.4%). These were fibrous tissue (6), endometriotic cyst (4), neuroma (3), fibroma (1), inclusion cyst (3), chronic inflammation (2).

The mean theatre occupancy for the operation was 219 minutes for excision of vaginal vault with additional procedures like radical excision of endometriosis, excision of peritoneal scar, adhesiolysis, ovarian cystectomy, oophorectomy, temporary ovarian suspension, excision of hydrosalpinx, cystoscopy etc..

Quality of life and sexual health questionnaire received from 16 (73%) women. 12(75%) confirmed improvement in dyspareunia and other symptoms, 2(12.5%) were sexually not active but had improvement of other symptoms, 1(6.25%) had superficial dyspareunia due to dryness (had previous removal of both ovaries) but had improvement of other symptoms, only 1(6.25%) reported no improvement. 15 (94%) will recommend it to their friends with similar symptoms. The longest interval between vaginal vault excision and assessment of improvement in dyspareunia was 4years.

CONCLUSIONS: Excision of vaginal vault is a safe and an effective option for posthysterectomy dyspareunia and chronic pelvic pain. It provides an opportunity to detect and surgically excise previously undiagnosed endometriosis and other pathology.

REFERENCES:

- 1 Sharp HT, Dodson MK, Langer KM, Doucette RC, Nortan PA. The role of vaginal apex excision in the management of persistent posthysterectomy dyspareunia. Am J Obstet Gynecol. 2000 Dec;183(6):1385-8; discussion 1388-9.
- 2 Lamvu G, Robinson B, Zolnoun D, Steege JF. Vaginal apex resection: a treatment option for vaginal apex pain. Obstet Gynecol. 2004 Dec; 104(6):1340-6.

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