

**CIRURGÍA CONSERVADORA
DEL PROLAPSE UTERÍ.
OP.MANCHESTER FOTHERGILL**

**Dr. Magí Valls
Dra. Cristina Capó**

El nostre agraïment al Dr. Francisco Muñoz,
Cap de la USP del Hospital 12 de Octubre
per la seva inestimable ajuda i col·laboració

OP. MANCHESTER FOTHERGILL

-Donald A. A short history of the operation of colporrhaphy with remarks on the technique. J Obstet Gynaecol Br Emp 1921; 28:256.

-Fothergill WE. Anterior colporrhaphy and amputations of the cervix combined as a single operation for use in the treatment of genital prolapse. Am J Surg 1915; 29:161.

-Solomons E, The cure of uterine prolapse with special reference to the Manchester operation. Am J Obstet Gynecol 1955; 70: 514.

OP. MANCHESTER FOTHERGILL

Procediments quirúrgics:

- Dilatació uretral.
- Uretrotomía.
- Cistostomía suprapúbica.
- TVT.
- Reparació del prolapse genital, inclou colporrafia anterior, colpoperineorrafia posterior, histerectomía vaginal i reparació d' enterocele. **Operació de Manchester**, fixació sacroespínosa, fixació ileococcígea, reparació paravaginal.
- Reparació vaginal i abdominal del prolapse recurrent, inclou: sacrocolpopexia, rectopexia, sacrohisteropexia, colposuspensió suprapúbica.
- Etc.

IUGA Educational Committee. IUGA Guidelines for training in urogynecology and reconstructive pelvic surgery. Int Urogynecol J 2002; 1,3:386-395

PRESERVACIÓN DEL ÚTERO

Técnicas de preservación del útero en prolapso útero-vaginal:

- Técnica de Manchester
- Variantes sacroespinofijación.
- Suspensión sacroespínosa bilateral
- Cervicosacropexia
- Histeropexia/histerosacropexia laparoscópica.

Con complicaciones:



- Estenosis o incompetencia cervical
- Sangrados postoperatorios
- Infertilidad.

Buenos resultados anatómicos y funcionales:

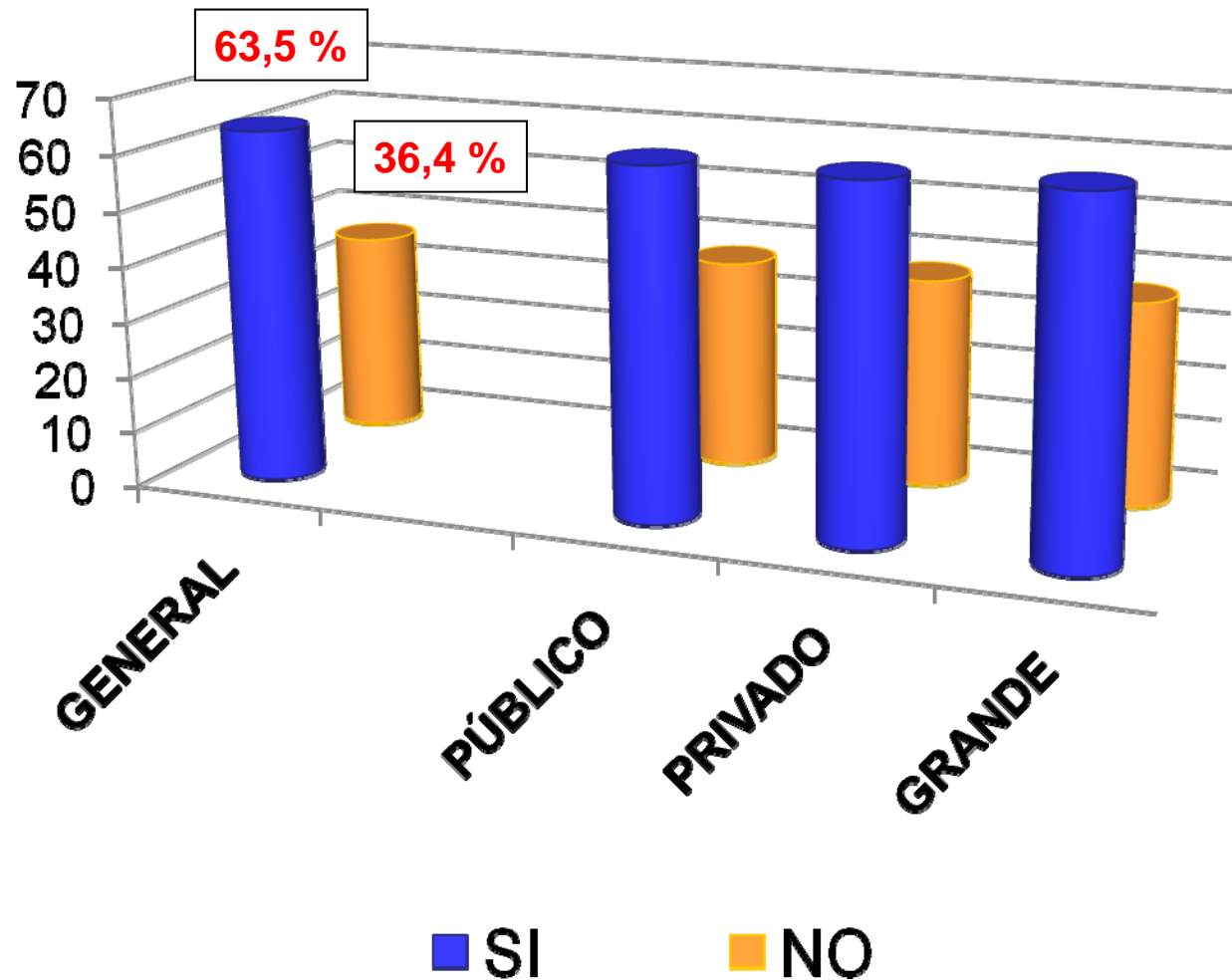


- Preservación de la fertilidad sin daño cervical
- Mantienen el eje natural de la vagina y previenen enteroceles.
- La sutura debe ser unilateral para preservar el calibre del recto y una normal defecación.

Brubaker L. Incontinence: Pelvic Organ Prolapse, Comitte 5 pg.252

**En casos de defecte del compartiment mig i matriu normal,
UTILITZA LA TÈCNICA DE MANCHESTER ?**

N=140



INDICACIONES

**PROLAPSE UTERI
ELONGACIÓ DE COLL**

PACIENT PREMENOPÀUSICA

INDICACIONS:

Desig gestacional

Desig de conservar la matriu

Mantenir la menstruació

PACIENT PREMENOPÀUSICA

COMPLICACIONS:

Incompetencia cervical.

Infertilitat.

Prematuritat.

Oclusió cervical

Hematometra

PACIENT POSTMENOPAUSICA

INDICACIONS:

PACIENTS AMB ALT RISC QUIRÚRGIC.

PACIENTS QUE DESITJEN CONSERVAR
LA MÀTRIU

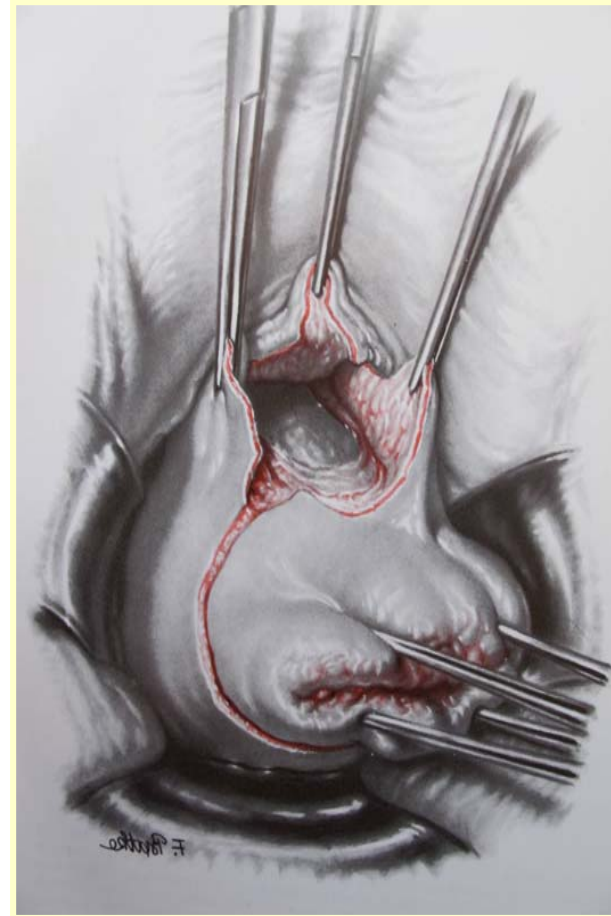
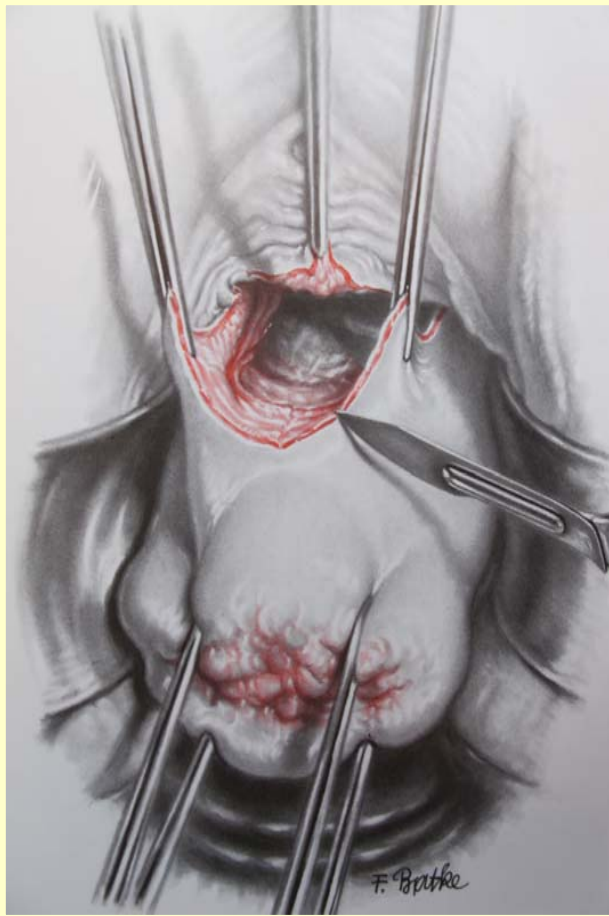
DIFICULTAT TÈCNICA PER REALITZAR
UNA HISTERECTOMIA VAGINAL.

PACIENT POSTMENOPAUSICA

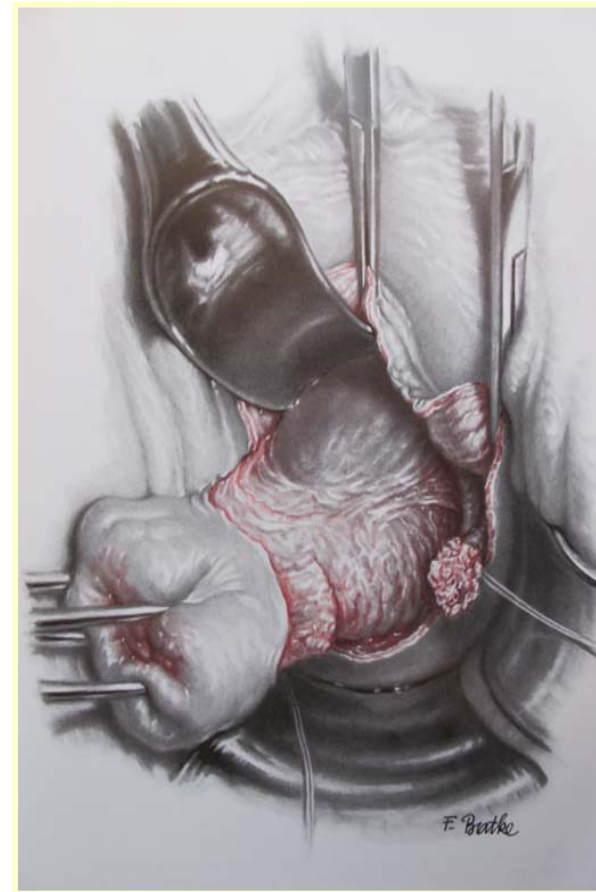
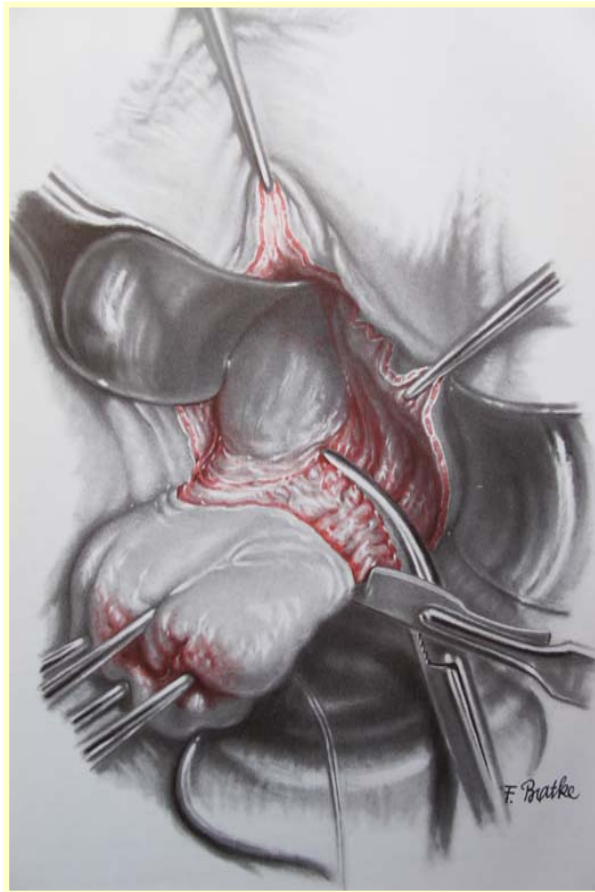
CONTRAINDICACIONES

PATOLOGÍA UTERINA ASSOCIADA
(MIOMES, ENDOMETRIOSIS,
CÀNCER, ETC).

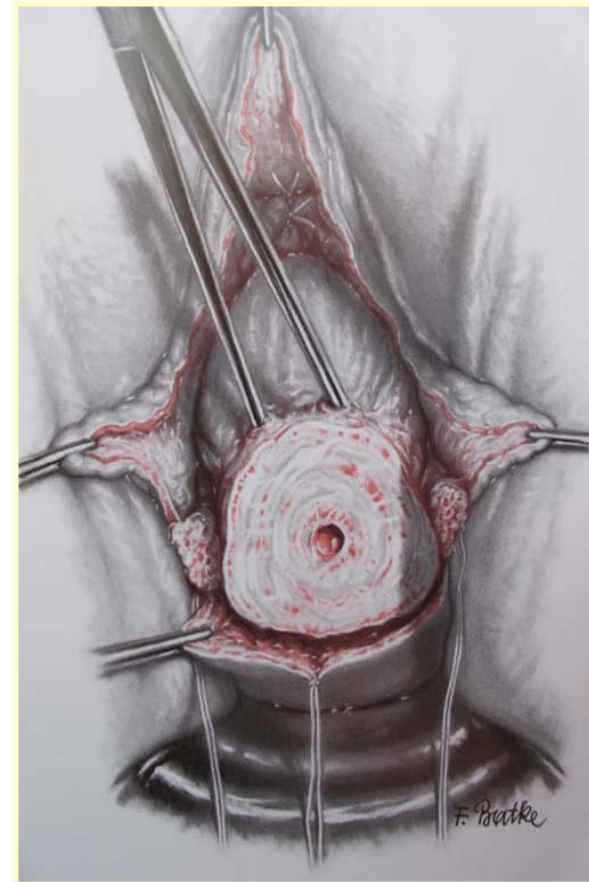
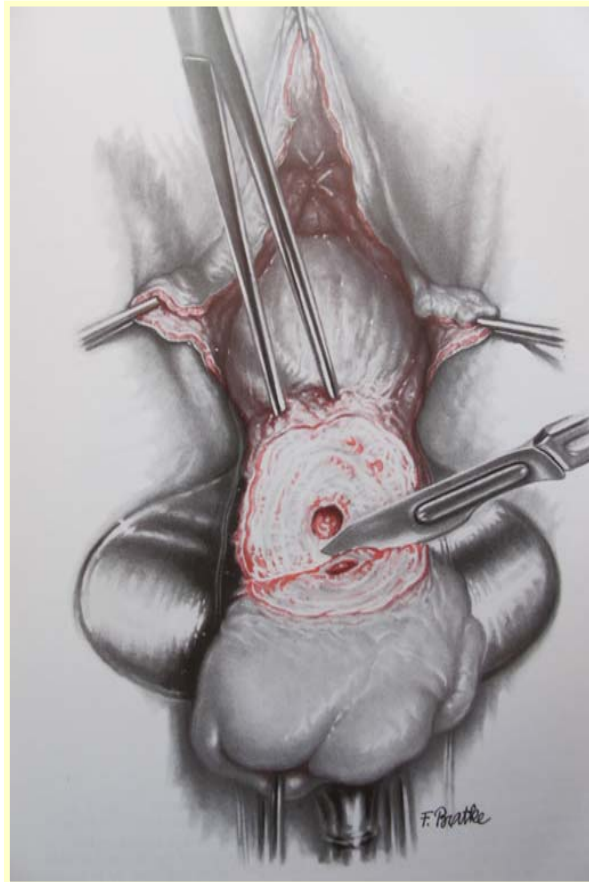
Operació de Manchester (Donald-Fothergill)



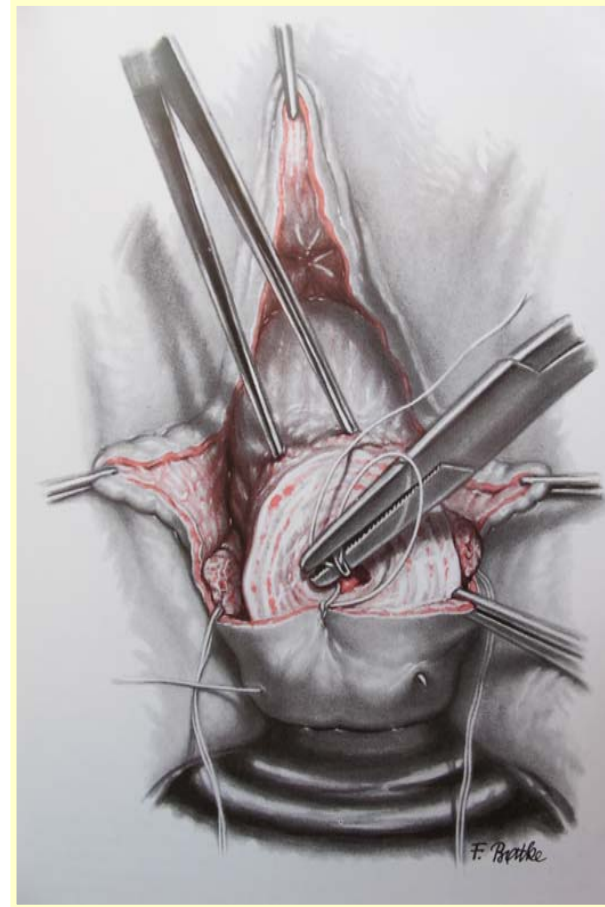
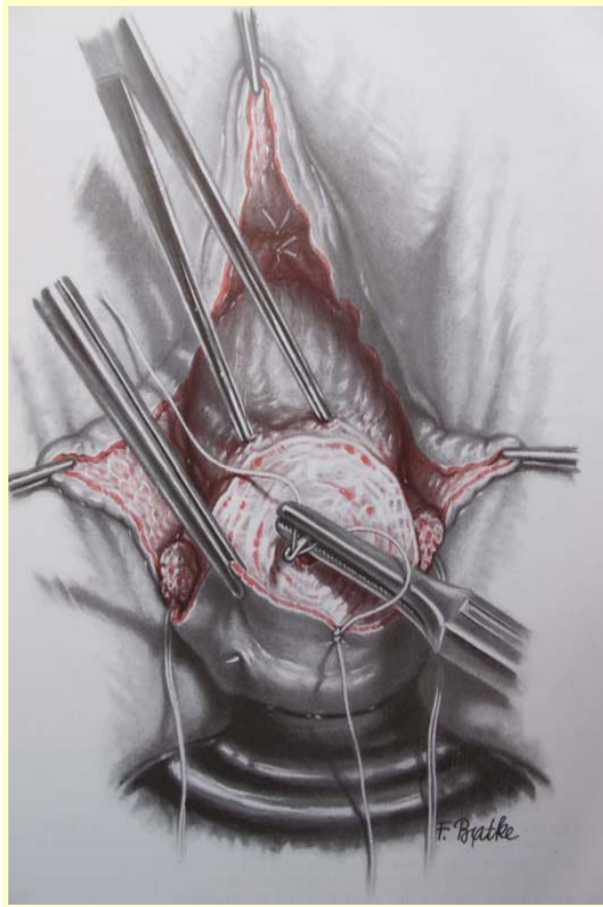
Operació de Manchester (Donald-Fothergill)



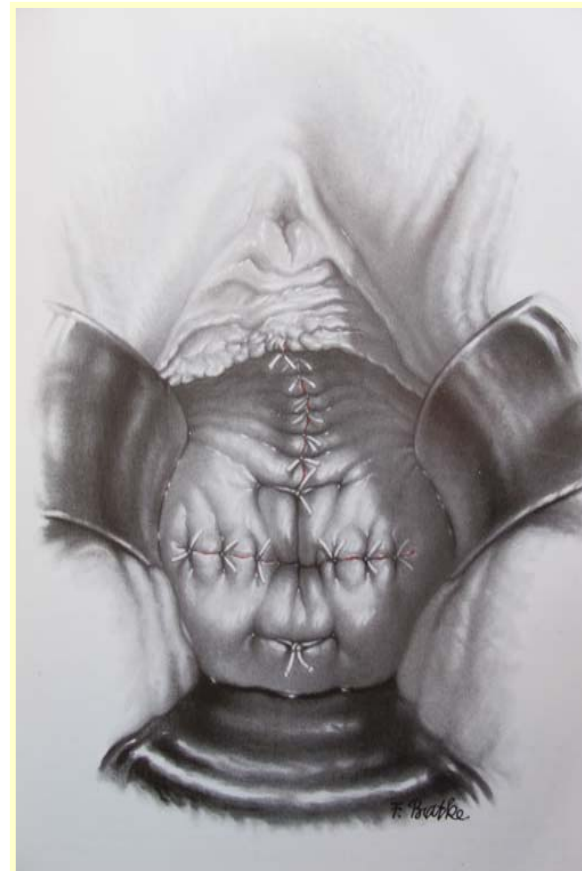
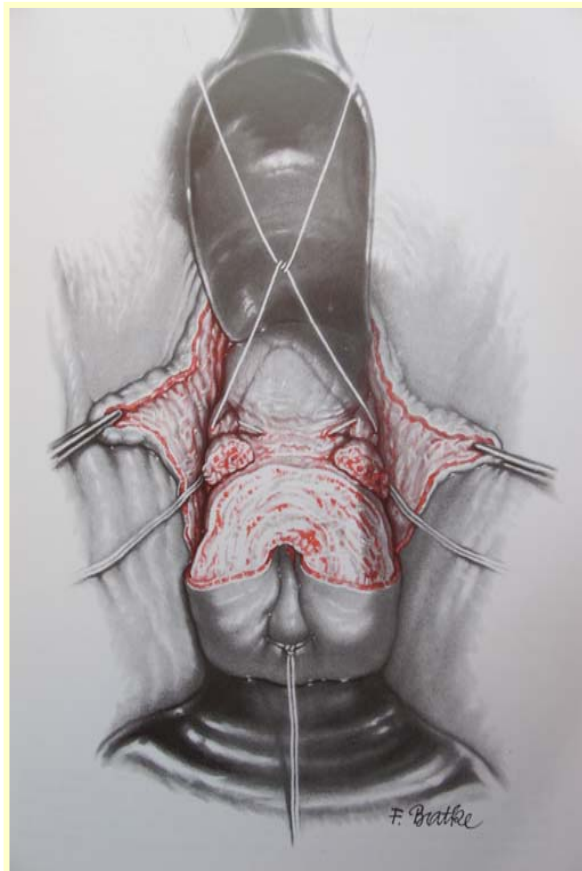
Operació de Manchester (Donald-Fothergill)



Operació de Manchester (Donald-Fothergill)



Operació de Manchester (Donald-Fothergill)



TÈCNICA QUIRÙRGICA

PUNTS DE STUMDORF ?

DIU?

DILATADOR CERVICAL?

SONDA A CAVITAT ENDOMETRIAL?

AVANTATGES

MENOR TEMPS OPERATORI.

MENOR PÈRDUA HEMÀTICA.

NO S'ENTRA A LA CAVITAT
ABDOMINAL.

MENOR ESTANCIA HOSPITALARIA.

EFICACIA SIMILAR?

Comparison of surgical and postoperative complications of vaginal hysterectomy and Manchester procedure.

Kalogirou D, Antoniou G, Karakitsos P, Kalogirou O.

2nd Department of Obstetrics and Gynecology, University of Athens, Areteion Hospital, Greece.

OBJECTIVE: The Manchester procedure (MP) was compared to vaginal hysterectomy (VH). Surgical and postoperative complications were evaluated. **MATERIAL AND METHODS:** A retrospective review of women undergoing VH and MP for uterine prolapse was performed. All the operations were performed between 1974-1994. MP was performed in 190 patients and VH (Heaney technique) in 231 women. **RESULTS:** MP patients, when compared to VH patients, were more likely to be older and postmenopausal at the time of surgery. Statistically significant differences were found for operative time and blood loss. This difference was not dependent on the performance of anterior or posterior repair. **CONCLUSIONS:** We suggest the use of MP as an alternative to VH in the absence of uterine pathology in appropriate candidates with uterine prolapse

O'Leary JA. The extended Manchester operation: a review of 289 cases.

Apertura del fons de sac posterior per la correcció del enterocele recolzantse en els lligaments utersacres i la serosa de la matriu.

Aquesta tècnica es va portar a terme a 150 pacients de las 289 operadas amb la Op. de Manchester

Només un prolapse

Uterine preservation during surgery for uterovaginal prolapse; review.

Diwan A, Rardin CR, Kohli N.

Department of Obstetrics and Gynecology, Brigham and Women's Hospital/Harvard Medical School, Boston.

- HV ha estat el tractament quirúrgic estàndar del prolapse uterí.
- Tradicionalment s' ha assumit que la conservació uterina a la cirurgia del prolapse, podria augmentar el risc de recidivas.
- HV amb la dissecció del sòl pèlvic pot augmentar el risc de recidives per l' anulació de les estructures de suport: lligaments cardinals i uterosacres.
- El concepte de cirurgia del prolapse amb conservació uterina mereix una reevaluació.

CLINICAL ARTICLE

The Manchester operation for uterine prolapse

A. Ayhan, S. Esin, S. Guven *, C. Salman, O. Ozyuncu

Hacettepe University, School of Medicine, Department of Obstetrics and Gynecology, Ankara, Turkey

Abstract

Objective: To evaluate the clinical characteristics, complications, and satisfaction scores of patients who underwent the Manchester operation.

Methods: This retrospective observational study evaluated data from **204 women who underwent the Manchester operation** at the Department of Obstetrics and Gynecology of Hacettepe University School of Medicine, Ankara, Turkey, from April 2004.

Results: Mean age was 34.68F4.24 years and parity 2.47F0.96; 85.8% of the patients were premenopausal; **176 patients (86.28%) had grade 3 and 28 (13.72%) had grade 2 uterine prolapse**; **95.1%** of the patients had associated cystoceles and **51.3%** had associated rectoceles; and **81.4%** had urinary incontinence. Regarding early postoperative complications, 27 patients (**13.23%**) had febrile morbidity; retroperitoneal hematoma occurred in 1 patient (**0.49%**); urinary retention occurred in 45 patients (**22.05%**), and cervical stenosis occurred in 23 patients (**11.27%**). At 1 year, 1 patient had undergone abdominal hysterectomy because of unsuccessful cervical dilatation; and a mean of **3.6 years following** the operation, 8 patients (**3.9%**) had undergone the tension-free vaginal tape procedure plus a vaginal hysterectomy for recurrent stress urinary incontinence and uterine prolapse. The mean satisfaction/acceptance score for the operation was 8.52F2.13 (range, 2—10).

Conclusion: **A high degree of acceptance/satisfaction and a low morbidity rate show the Manchester operation to be a good option for the treatment of uterine prolapse in women who wish to keep their uterus.**

Case Report

The Manchester-Fothergill Procedure as a Fertility Sparing Alternative for Pelvic Organ Prolapse in Young Women

Christine C. Skiadas, MD¹, Donald P. Goldstein, MD¹, and Marc R. Laufer, MD^{1,2}

¹Department of Obstetrics and Gynecology, Brigham and Women's Hospital;
²Division of Gynecology, Children's Hospital Boston; Harvard Medical School, Boston, Massachusetts

Abstract. Although reproductive organ prolapse typically affects older, parous women, a certain population of children and adolescents, primarily adolescents with congenital spinal defects, are also at risk.

The Manchester-Fothergill procedure was first performed in 1888 by Dr. Archibald Donald of Manchester, England. Although this is a well-described procedure in historic texts, the practical application is not often employed, and modern surgical texts rarely describe how to perform this surgery.

It is crucial to educate younger physicians about the technical aspects of this procedure so as not to lose this operation as an alternative surgical approach.

We present a case of recurrent uterine prolapse after a prior laparoscopic uterine suspension procedure.

In order to address recurrent prolapse, which was accompanied by cervical elongation, this young woman elected to have additional surgical management with the Manchester-Fothergill procedure.

We describe the procedure in detail, accompanied by photographs taken during the operation to fully illustrate the extent of this patient's condition and to document the surgical technique.

The Manchester Fothergill procedure is an additional fertility sparing surgical approach to treatment of pelvic organ prolapse.

ORIGINAL ARTICLE

The effectiveness of surgical correction of uterine prolapse: cervical amputation with uterosacral ligament plication (modified Manchester) versus vaginal hysterectomy with high uterosacral ligament plication

Tiny A. de Boer & Alfredo L. Milani & Kirsten B. Kluivers & Mariella I. J. Withagen & Mark E. Vierhout

Abstract

Introduction and hypothesis The objective of this study is to evaluate cervical amputation with uterosacral ligament plication (modified Manchester) and compare it to vaginal hysterectomy with high uterosacral ligament plication procedure with special regard to the middle compartment.

Methods Consecutive women with pelvic organ prolapse who underwent either vaginal hysterectomy or a modified Manchester procedure were included. Assessments were made preoperatively and at 1-year follow-up, including physical examination with pelvic organ prolapse quantification standardised questionnaires (incontinence impact questionnaire, urogenital distress inventory, and defaecatory distress inventory).

Results Between 2002 and 2007, **156 patients were included**. Ninety-eight patients returned for a 1-year follow-up. In the modified Manchester group, we found no middle compartment recurrence versus two (4%) in the vaginal hysterectomy group. Anterior and posterior compartment prolapse recurrences (stage ≥ 2) were similar (approximately 50%). **Considering operating time and blood loss, modified Manchester was more favourable. There was no difference in the pre- and postoperative subjective scores. The overall functional outcome was acceptable.**

Conclusions We found an excellent performance of both procedures regarding middle compartment recurrences.

**A comparison of long-term outcome between Manchester
Fothergill and vaginal hysterectomy as treatment
for uterine descent**

Susanne D. Thys & Anne-Lotte Coolen & Ingrid R. Martens & Herman
P. Oosterbaan & Jan-Paul W. R. Roovers & Ben-Willem Mol & Marlies
Y. Bongers

Abstract

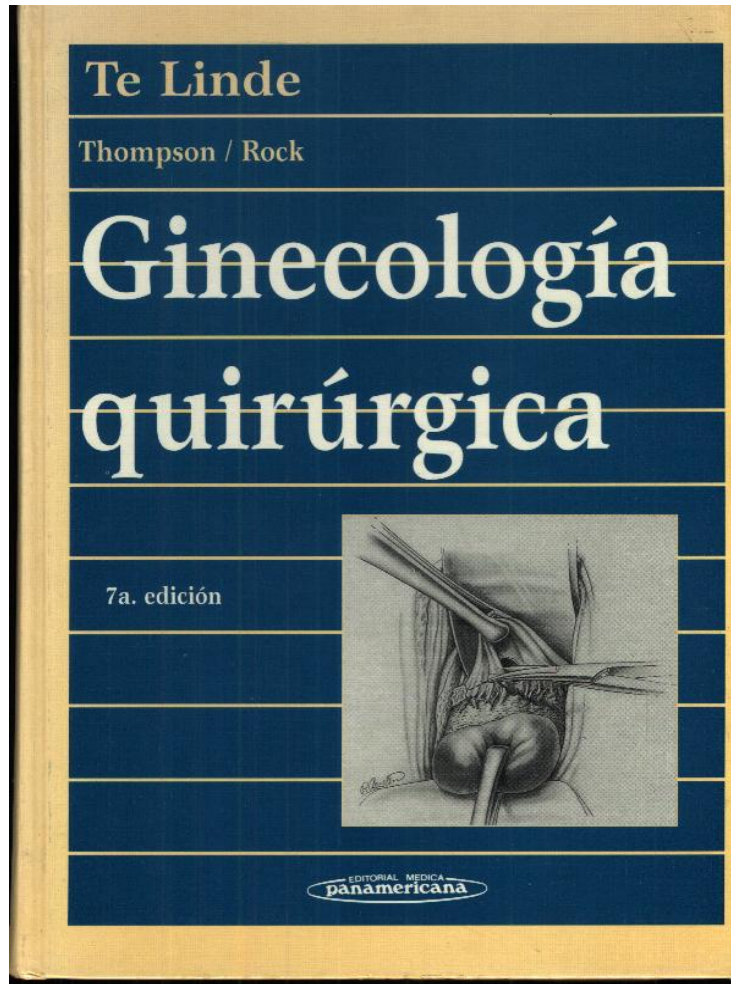
Introduction and hypothesis The objective of this study was to compare the Manchester Fothergill (MF) procedure with vaginal hysterectomy (VH) as surgical treatment of uterine descent.

Methods Consecutive patients who underwent MF were matched for prolapse grade, age and parity to consecutive patients treated with VH. Evaluated outcomes included functional outcome, morbidity, recurrence of pelvic organ prolapse (POP) and sexual function. Follow-up was performed using validated questionnaires.

Results **We included 196 patients** (98 patients per group). The response rate after a follow-up of 4–9 years was 80%. We found no differences in functional outcome and recurrence rates of POP between groups. Blood loss was significantly less and operating time was significantly shorter in the MF group. However, incomplete emptying of the bladder was more common in the MF group.

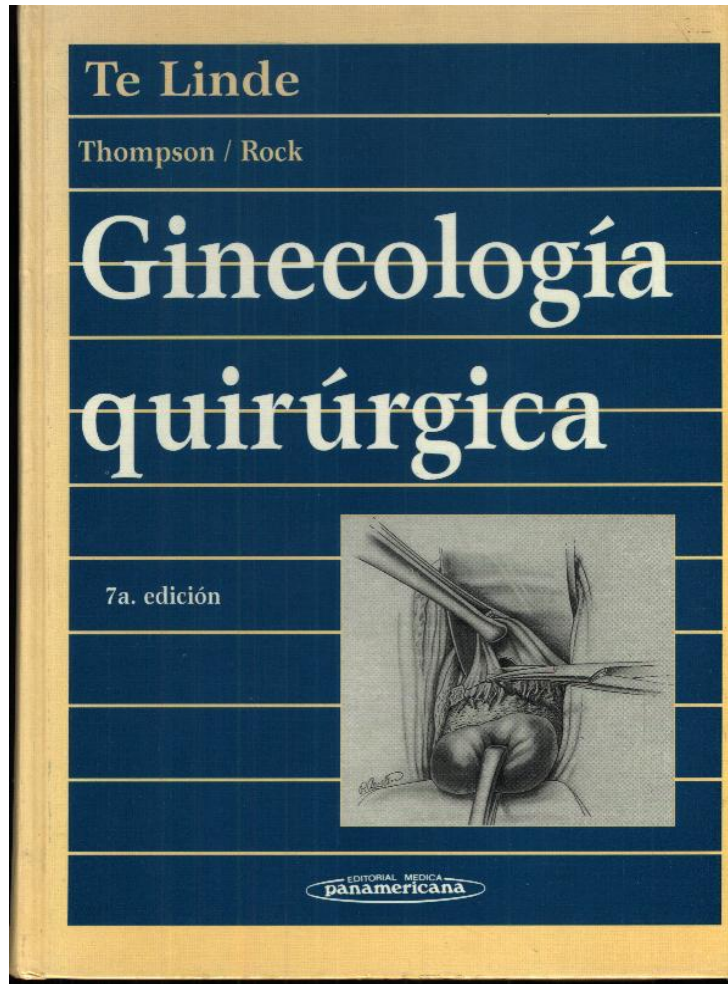
Conclusions **The MF procedure is equally effective to the VH and should be considered as a surgical option that allows preservation of the uterus.**

CONCLUSIONS (1)



A pesar de la experiencia favorable registrada amb la Op. de Manchester, nosaltres no estem convençuts de que aquest procediment representi la operació de elecció en totes les pacients amb una matriu prolapsada, independentment de la edad, situació social o el número de parts.

CONCLUSIONS (2)



La operació de Manchester s'associa amb resultats especialment satisfactoris quant una gran part del prolapse es deu a

una elongació del coll uteri

CONCLUSIONS (3)

LA Op. MANCHESTER POT SER UNA ALTERNATIVA A LA HISTERECTOMÍA VAGINAL EN EL PROLAPSE UTERI LLEU O MODERAT ASSOCIAT O NO, A UNA ELONGACIÓ DE COLL

A photograph of a sunset over a body of water. The sun is a bright yellow circle on the horizon, with its reflection visible in the water below. The sky is a mix of dark and light orange, with some clouds. In the foreground, there are dark silhouettes of reeds or grasses. The text "MOLTES GRACIES" is written in large, bold, yellow capital letters across the middle of the image.

MOLTES GRACIES