NICE National Institute for Health and Care Excellence

Surgery for vaginal vault prolapse

Patient decision aid: user guide and data sources

Background

The NICE guideline on urinary incontinence and pelvic organ prolapse in women says:

1.8.1 Offer surgery for pelvic organ prolapse to women whose symptoms have not improved with or who have declined non-surgical treatment.

1.8.2 If a woman is thinking about a surgical procedure for pelvic organ prolapse, use a decision aid (use the NICE patient decision aids on surgery for uterine prolapse and surgery for vaginal vault prolapse) to promote informed preference and shared decision making. Discussion with the woman should include:

- the different treatment options for pelvic organ prolapse, including no treatment or continued non-surgical management
- the benefits and risks of each surgical procedure, including changes in urinary, bowel and sexual function
- the risk of recurrent prolapse
- the uncertainties about the long-term adverse effects for all procedures, particularly those involving the implantation of mesh materials
- differences between procedures in the type of anaesthesia, expected length of hospital stay, surgical incisions and expected recovery period
- the role of intraoperative prolapse assessment in deciding the most appropriate surgical procedure.

1.8.15 For women considering surgery for vault prolapse:

- discuss the possible complications and the lack of long-term evidence on the effectiveness of the procedures
- use the NICE patient decision aid on surgery for vaginal vault prolapse to discuss the benefits and risks of treatment, including non-surgical options.

1.8.16 Offer women with vault prolapse a choice of:

- vaginal sacrospinous fixation with sutures **or**
- sacrocolpopexy (abdominal or laparoscopic) with mesh.

See recommendation 1.8.6 for specific guidance on the use of mesh in prolapse surgery.

The NICE patient decision aid on surgery for vaginal vault prolapse describes the potential benefits and harms of surgery, with diagrams to show the numerical data. The woman making the decision about whether to have surgery, and her family members or carers (as appropriate), can review the written information before deciding. The decision aid is intended to be worked through with the woman and healthcare professional together. It should support discussions, not replace them.

Developing and reviewing the decision aid

The patient decision aid was developed by the NICE Medicines and Technologies Programme and a project group drawn from the guideline committee including urogynaecologists, other health professionals and lay members, according to the NICE process guide and in association with NHS England. Stakeholders who responded to the guideline consultation, and the Royal College of Obstetricians and Gynaecologists' Women's Network and Women's Voices Involvement Panel, all commented on a draft of the patient decision aid.

NICE patient decision aids are reviewed as part of the surveillance process for the related guidance. If the relevant recommendations are changed, the patient decision aid is updated.

Sources of data

The patient decision aid is based on the evidence review for the NICE guideline (evidence review I: surgical management of pelvic organ prolapse). All quantitative data on the likely effectiveness of the types of surgery and the risks of complications are taken from GRADE tables 37 (laparoscopic sacrocolpopexy versus abdominal sacrocolpopexy) and 43 (abdominal sacral colpopexy versus vaginal sacrospinous

colpopexy). Other content is based on the patient decision aid project group's expertise. This includes information about what the different types of surgery involve, the likely length of hospital stay and possible complications not included in the GRADE tables, including possible complications of mesh surgery.

To reflect the limited evidence, quantitative data are either expressed as an order of magnitude (for example, 1 to 10 women per 100) or rounded to the nearest 5% to avoid giving an unwarranted impression of accuracy. If the clinical evidence statements in the evidence review indicate no clinically important difference in a particular outcome across the different types of surgery, this is expressed in the patient decision aid as 'It isn't possible to say for sure whether this is more likely to happen with one of these types of operation than either of the other two' or similar wording. This reflects the fact that the clinical evidence statements indicate an absence of evidence for a clinically important difference rather than evidence of no difference.