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Gluteal and posterior thigh pain in the postoperative period and the need for intervention after sacrospinous ligament colpopexy.

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Abstract

INTRODUCTION:

Sacrospinous ligament (SSL) colpopexy is a transvaginal surgical option for the treatment of vaginal apex prolapse. The objective of this study was to determine the rate of gluteal and posterior thigh pain after SSL colpopexy using the Capiro device in the immediate postoperative period, at the 6-week postoperative visit, and to determine the risk of needing intervention for this type of pain.

METHODS:

This was a retrospective cohort study of women who underwent SSL colpopexy with the Capiro device for the treatment of vaginal apex prolapse between 2007 and 2012. The electronic inpatient and outpatient medical record was queried for demographic, intraoperative, and immediate and 6-week postoperative data.

RESULTS:

Two hundred forty-two subjects underwent SSL colpopexy with the Capiro device for vaginal apex prolapse. Mean age and body mass index were 66 (10) years and 28.7 (5.4) kg/m, respectively. **One hundred thirty-four (55.4%) subjects were found to have immediate gluteal or posterior thigh pain and 36 (15.3%) were found to have persistent pain at 6 weeks.** Five (2.1%; 95% confidence interval, 0.8%-4.7%) subjects required intervention: physical therapy (3), trigger point injection (1), both (1), and no patients required reoperation. Concomitant midurethral sling placement was associated with pain at 6 weeks ($P = 0.008$). Need for intervention was associated with the number of

sutures placed (2 or 3 vs 4; $P = 0.03$). Concomitant hysterectomy and approach to SSL colpopexy were not associated with gluteal or posterior thigh pain.

CONCLUSIONS:

The rate of immediate postoperative gluteal and posterior thigh pain is high in patients undergoing SSL colpopexy for vaginal apex prolapse; however, the rate of pain at 6 weeks is much lower, and the need for intervention is even lower.

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