

Perioperative vaginal estrogen does not reduce prolapse recurrence

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Following native tissue transvaginal prolapse repair, perioperative

vaginal estrogen does not reduce prolapse recurrence, according to a study published in the Aug. 15 issue of the *Journal of the American Medical Association*.

David D. Rahn, M.D., from the University of Texas Southwestern Medical Center in Dallas, and colleagues enrolled 206 [postmenopausal women](#) with bothersome anterior and apical vaginal prolapse interested in surgical repair. The [intervention](#) was 1 g of conjugated estrogen cream or placebo, inserted vaginally nightly for two weeks, then twice weekly to complete at least five weeks preoperatively and 12 months postoperatively. If the [uterus](#) was present, participants underwent a [vaginal hysterectomy](#) and standardized apical fixation. Overall, 186 participants underwent surgery.

The researchers found that the primary outcome of time to failure of prolapse repair by 12 months after surgery did not differ significantly for women receiving vaginal estrogen versus placebo. The 12-month failure incidence was 19 and 9 percent for vaginal estrogen and [placebo](#), respectively (adjusted hazard ratio, 1.97); the anatomic recurrence component was most common rather than vaginal bulge symptoms or prolapse repeated treatment. At the time of operation, masked surgeon assessment of vaginal tissue quality and estrogenization was significantly better in the vaginal estrogen group. For the 109 participants with at least moderately bothersome vaginal atrophy symptoms at baseline, the vaginal atrophy score for the most bothersome symptom was significantly better with vaginal estrogen at 12 months.



"Perioperative vaginal estrogen does not reduce prolapse recurrence following native tissue vaginal repair," the authors write.

Several authors disclosed ties to the biopharmaceutical and medical technology industries. Pfizer provided the study drug.

More information: David D. Rahn et al, Perioperative Vaginal Estrogen as Adjunct to Native Tissue Vaginal Apical Prolapse Repair, *JAMA* (2023). [DOI: 10.1001/jama.2023.12317](https://doi.org/10.1001/jama.2023.12317)

Charles W. Nager, Updating Evidence for Treatment of Pelvic Organ Prolapse, *JAMA* (2023). [DOI: 10.1001/jama.2023.13733](https://doi.org/10.1001/jama.2023.13733)

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