

# Sacrospinous ligament fixation combined with anterior colporrhaphy versus Elevate Anterior procedure in treatment of primary apical and anterior compartment prolapse stage $\geq 2$ : a multi-center randomised controlled trial.

Published: 13-03-2012

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To compare the effects of sacrospinous ligament fixation combined with anterior colporrhaphy versus Elevate Anterior procedure on pelvic floor function.

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	Reproductive tract disorders NEC
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON41517

### Source

ToetsingOnline

### Brief title

Elevate Anterior trial

### Condition

- Reproductive tract disorders NEC
- Obstetric and gynaecological therapeutic procedures

### Synonym

Pelvic organ prolapse

### Research involving

Human

## Sponsors and support

**Primary sponsor:** Academisch Medisch Centrum

**Source(s) of monetary or material Support:** Ministerie van OC&W, American Medical Systems, Inc.

## Intervention

**Keyword:** Mesh, Prolapse, Surgery

## Outcome measures

### Primary outcome

Quality of life related to pelvic floor function measured using validated disease-specific quality of life questionnaires (UDI, DDI, IIQ).

### Secondary outcome

Sexual function measured using the PISQ-12 questionnaire (if applicable), POP-Q, morbidity (including post-operative pain, complications and recovery of normal daily activities), disease specific and generic quality of life, repeated pelvic floor surgery within 36 months after intervention and cost analysis.

## Study description

### Background summary

Pelvic organ prolapse is a common health problem, with a life time risk to undergo surgery of 11%. Many patients have a combination of different compartments involved in the prolapse of which the most prevalent combination is apical and anterior compartment prolapse. Sacrospinous ligament fixation combined with anterior colporrhaphy is the most frequent proposed procedure, but recently a mesh procedure (Elevate Anterior) was introduced that covers both compartments in one procedure. Although mesh is not recommended as primary procedure based on objectified adverse effects like exposure, pelvic pain and

dyspareunia, there is theoretical basis to believe that for the combination of apical and anterior compartment prolapse, Elevate Anterior is beneficial compared to native tissue repair. We propose a multi-center RCT comparing the combination of sacrospinous ligament fixation and anterior colporrhaphy to Elevate Anterior in primary apical and anterior compartment prolapse.

### **Study objective**

To compare the effects of sacrospinous ligament fixation combined with anterior colporrhaphy versus Elevate Anterior procedure on pelvic floor function.

### **Study design**

A multi-center randomised controlled trial.

### **Intervention**

Elevate Anterior or sacrospinous ligament fixation combined with anterior colporrhaphy

### **Study burden and risks**

As we compare two strategies that are already applied in current clinical practice, no additional risks from both procedures are expected. Evaluation will take place after 6 weeks (routine post-operative consultation), by telephone after 6 months and patients will be invited for an extra visit to the hospital at 12, 24 and 36 months.

## **Contacts**

### **Public**

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## Trial sites

### Listed location countries

Netherlands

## Eligibility criteria

### Age

Adults (18-64 years)

Elderly (65 years and older)

### Inclusion criteria

Women with a primary apical and anterior compartment prolapse stage  $\geq 2$  requiring surgery.

### Exclusion criteria

- Previous prolapse surgery
- Enterocoele stage  $\geq 2$  after hysterectomy (performed for other reasons than prolapse)
- Known malignancy
- Pregnancy or wish to become pregnant
- Unwilling to return for follow-up or language barriers
- Presence of immunological / haematological disorders interfering with recovery after surgery
- Abnormal ultrasound findings of uterus or ovaries.

## Study design

### Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)

Control:	Active
Primary purpose:	Treatment

## Recruitment

NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	19-07-2012
Enrollment:	100
Type:	Actual

## Ethics review

Approved WMO	
Date:	13-03-2012
Application type:	First submission
Review commission:	METC Amsterdam UMC

Approved WMO	
Date:	01-06-2012
Application type:	Amendment
Review commission:	METC Amsterdam UMC

Approved WMO	
Date:	21-06-2012
Application type:	Amendment
Review commission:	METC Amsterdam UMC

Approved WMO	
Date:	10-08-2012
Application type:	Amendment
Review commission:	METC Amsterdam UMC

Approved WMO	
Date:	19-11-2012
Application type:	Amendment
Review commission:	METC Amsterdam UMC

Approved WMO	
Date:	10-07-2013
Application type:	Amendment

Review commission:	METC Amsterdam UMC
Approved WMO	
Date:	21-01-2014
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO	
Date:	26-01-2015
Application type:	Amendment
Review commission:	METC Amsterdam UMC

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

ID: 25045

Source: Nationaal Trial Register

Title:

### In other registers

Register	ID
CCMO	NL38228.018.11
OMON	NL-OMON25045