



# Pelvic organ prolapse recurrence after apical prolapse repair: does obesity matter?

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The role of obesity, as a predisposing risk factor for pelvic organ prolapse (POP) recurrence after surgical correction, has not been well established. This retrospective study investigated the relationship between obesity (BMI  $\geq 30$ ) and recurrence after primary apical suspension of POP.

In this study, 353 women underwent initial apical prolapse repair via one of the standard surgical techniques, including vaginal uterosacral ligament suspension, sacrospinous ligament fixation, robotic sacrocervicopexy, robotic sacrocolpopexy, laparoscopic sacrocervicopexy, laparoscopic sacrocolpopexy, or open sacrocervico/colpopexy. Participants had a median follow-up of 7 months and 10% developed POP recurrence. Among this cohort of women 130 (37%) were obese and were more likely to undergo vaginal procedures

and have a higher blood loss than non-obese women. However, no difference in complications, operative time, or prolapse recurrence were found compared with the non-obese group, even after controlling for the apical procedure type.

This study demonstrated that obesity is not a risk factor for POP recurrence. However, there is still a need for a larger study with a more diverse population, a well-established definition of prolapse recurrence, longer follow-up, and stratification based on surgical techniques and approaches.

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