

# A Randomised Study comparing post-hysterectomy vaginal vault prolapse repair with either suspension to uterosacral ligament (vaginal approach) or sacrocolpopexy (open or keyhole approach)

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Status	RECRUITING
Sponsor	Dr Yik Lim
Enrollment	126 participants

## Plain Language Summary

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This study is comparing two surgical techniques for fixing vaginal vault prolapse — a condition where the top of the vagina (vault) drops down after a hysterectomy, sometimes causing discomfort or a bulge. One approach involves stitching the vault to a ligament inside the body through the vagina. The other is a more complex procedure called sacrocolpopexy, which can be done either as open surgery or through keyhole surgery. The study aims to find out if the simpler vaginal approach works as well as the current gold standard.

You may be eligible if:

- You are a woman who has previously had a hysterectomy
- You have been diagnosed with vaginal vault prolapse at Stage 2 or higher (meaning the prolapse drops to within 1 cm of the vaginal opening)

You may NOT be eligible if:

- You are not fit for surgery
- You have a history of cancer of the genital tract
- You have had a vaginal fistula (abnormal connection between organs)
- You have had a major complication from surgical mesh in the past

Talk to your doctor about whether this trial might be right for you.

## Key Eligibility Criteria

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### Inclusion (1)

- Post-hysterectomy vaginal vault prolapse at least Pelvic Organ Prolapse Quantification stage 2 (meaning the leading edge of the vaginal prolapse drops to at least 1cm from the hymen)

### Exclusion (1)

- unfit for surgery, history of genital tract malignancy or fistula, previous major mesh complication

## Locations (1 total)

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Australia