

# Vaginal Prolapse Surgery Under Local Anesthesia without anesthesia support- a multicenter prospective study

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**Aim:** Genital prolapse is a highly prevalent condition, affecting 30-50% of women. Historically, vaginal prolapse surgeries have been performed under general or regional anesthesia. Recently, the use of local anesthesia with sedation has become increasingly popular, since it reduces anesthesia related adverse effects and shortens length of hospital stay. This study aims to evaluate whether vaginal prolapse surgeries can be performed safely and effectively under local anesthesia alone without sedation or anesthesia support, while maintaining patient safety and satisfaction.

**Methods:** This multicentre prospective cohort study is being conducted across all gynecological departments in the Central Region of Jutland, Denmark. Women referred with symptomatic cystocele or rectocele and an indication for surgery, are enrolled from March 2024 to March 2026. Vaginal prolapse surgery is performed using only local anesthesia with adrenaline only. Postoperative data include, patient reported questionnaires, complications, duration of stay in outpatient clinic, and hospital re-admission

**Results:** Preliminary data will be presented. To date 81 women have been included. In only one case, it was necessary to give the patient light sedation due to bleeding and pain (1,2%). The median operating time was 39 minutes (IQR:31-49), and the median postoperative observation time before discharge was 120 minutes (IQR: 97-161).

In the patient reported questionnaire 77/78 women (98,7%) reported being “very satisfied” or “satisfied” with the chosen anesthetic method, and 74/78 women (94,9%) stated that they would choose the same type of anesthesia again for a future procedure.

**Discussion:** Vaginal prolapse surgery under local anesthesia without sedation or anesthesia support, appears feasible and is associated with high patient satisfaction. This new approach can improve overall patient comfort and satisfaction as it eliminates the need for patient fasting, preoperative anesthesia consultation and extensive postoperative care, while also reducing length of hospital stays. Consequently, more efficient operating room turnover can be achieved resulting in significant resource savings.