

Letter to the Editor: "Satisfaction and Quality of Life of Elderly Women with Pelvic Organ Prolapse Undergone Colpocleisis"

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Dear Editor,

I read with great interest the article by Rajabzadeh et al. (1), "Satisfaction and Quality of Life of Elderly Women with Pelvic Organ Prolapse Who Have Undergone Colpocleisis". The study offers valuable insight into the outcomes of colpocleisis in elderly women with pelvic organ prolapse—an important but often overlooked topic in urogynecologic research. Although the results are promising, several methodological limitations warrant critical evaluation.

The study has several strengths. Using standardized tools like the pelvic organ prolapse (POP)-quantification system and short form-36 (SF-36) provides reliable assessment of anatomical and functional outcomes. Having the same expert team perform surgeries at two centers also reduces variability in the procedures. The postoperative results—complete absence of POP stage >II and significant reduction in urinary incontinence (from 10.37% to 4.71%, $p < 0.001$)—highlight both objective success and clinical benefit. The reported high patient satisfaction and absence of regret suggest appropriate patient selection and thorough preoperative counseling, particularly regarding expectations for sexual activity.

Nonetheless, certain limitations merit attention. The retrospective design limits the ability to draw causal conclusions and may introduce selection and information bias (2). Without a comparison group—such as patients undergoing reconstructive surgery or expectant management—it is difficult to attribute the improvements directly to colpocleisis. The small sample size and its restriction to a single region in Iran (106 patients) reduce the generalizability of the findings. In addition, the use of self-reported SF-36 data adds a degree of subjectivity, which may be affected by recall or social desirability bias (3). Of particular

concern is the report of zero postoperative complications, despite a cohort with substantial comorbidity (30.8% with two or more comorbidities). This raises the possibility of underreporting or insufficient systematic complication monitoring. Greater transparency in perioperative assessment protocols would strengthen the study's clinical relevance.

While the authors acknowledge the limitation of lacking a control group, the absence of any discussion on possible selection bias or confounding variables—such as variation in surgical technique or presence of occult incontinence—is a missed opportunity. Also, the claim of no regret may reflect cultural or demographic specificity, as previous studies have reported post-colpocleisis regret and body image concerns (4). A brief discussion addressing these discrepancies would add nuance to the findings.

In conclusion, Rajabzadeh et al. (1) contribute to the growing evidence supporting colpocleisis as a safe and effective option for elderly women with advanced POP. However, the study's retrospective design, absence of a control arm, modest sample size, and lack of complication reporting warrant cautious interpretation. Future prospective, multicenter, randomized trials with standardized outcome reporting and longer follow-up are needed to validate these findings and inform clinical decision-making.

Ethics

Informed Consent: Retrospective study.

Footnotes

Conflict of Interest: No conflict of interest was declared by the author.

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Received: 13.06.2025 **Accepted:** 17.06.2025 **Epub:** 26.06.2025 **Publication Date:** 02.03.2026

Cite this article as: Yılmaz AB. Letter to the editor: "satisfaction and quality of life of elderly women with pelvic organ prolapse undergone colpocleisis". J Urol Surg. 2026;13(1):61-62.

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Financial Disclosure: The author declared that this study received no financial support.

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