

A NEW TECHNIQUE FOR APICAL SUPPORT IN REPAIR OF ANTERIOR VAGINAL PROLAPSE BY TRANSGLUTEAL PASS.

Hypothesis / aims of study

Apical fixation of the graft to establish new support for anterior apical segment of the vaginal wall is often the most difficult part of the repair. This abstract describes a new transcutaneous technique for fixation of graft arms at the ischial spines to establish anterior apical vaginal wall support.

Study design, materials and methods

Patients undergoing anterior or combined anterior and posterior repair of prolapse were followed and data recorded. Four separate transcutaneous sites were utilized for trocar placement and four-point graft fixation. Proximal (apical) fixation points were made internally at the ischial spines. Stab incisions for the proximal (apical) fixation points were made bilaterally - two fingerbreadths lateral and two fingerbreadths inferior to the anus. The distal trocar passes were placed via the traditional transobturator technique with stab incisions in the groin fold at the level of the clitoris. Proximal fixation point is found by complete surgical dissection of the ischial spines and bilateral delivery of trocars via the transgluteal pass to the level of the ischial spines. The proximal two arms of the graft were pulled into place at the base of the ipsilateral ischial spines. Data was recorded for complications, failure, and initial grade of prolapse. Recurrent prolapse was defined as POPQ point Aa > 0 or Ba > +3 after previous repair.

Results

168 patients underwent anterior or combined anterior and posterior repair with the transgluteal technique. Mean follow up was 35 months (6-58 months). Average Aa = +1.4. Average Ba = +4.5. Six patients (4%) failed their initial repair. Ten patients (6%) experienced graft exposure in the vagina. There were no complications associated directly with the transgluteal pass including nerve injury, bleeding, or injury to any hollow organ of the pelvis.

Interpretation of results

Accessing the ischial spines via a transgluteal cutaneous pass is both safe and effective in assisting with repair of anterior vaginal prolapse at the most critical point.

Concluding message

We believe this method to be superior to a second transobturator pass when attempting to accomplish the same goal.

<i>Specify source of funding or grant</i>	None
<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	Yes
<i>Specify Name of Ethics Committee</i>	University of Florida, Jacksonville IRB
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes