

SACROSPINOUS-SUSPENDED UROGENITAL PELVIC PROLAPSE AND RECTOPEXY (SUPPORT) PROCEDURE

Introduction

There is a wide range of surgical procedures available to treat combined rectal prolapse and pelvic organ prolapse (POP) that differ in approach as well as in principle. Currently, only transabdominal approaches, both open and laparoscopic, have been described for the management of multi-organ prolapse. We present the first human experience with a transvaginal combined sacrospinous rectopexy and vaginal vault suspension for the management of simultaneous rectal prolapse and POP.

Design

After IRB approval was permitted, we prospectively entered patients with combined rectal prolapse and POP into our study. Transvaginal rectopexy and vaginal vault suspension to the sacrospinous ligament was performed in 4 patients. A longitudinal incision was made in the posterior wall of the vagina. After sharp and blunt dissection, the rectum and pararectal tissues were identified along with the sacrospinous ligament bilaterally. Two number 1 PDS sutures were placed into the sacrospinous ligament using a Duchamps needle driver. The two ends of the suture were individually brought through the proximal portion of a piece of Surgisis® mesh previously anchored distally to the pararectal tissue. These sutures were then tied down, completing the bilateral sacrospinous rectopexy. The two right-sided sutures were then brought through the apex of the vagina via the posterior vaginal wall incision. The posterior wall of the vagina was closed using 2-0 vicryl suture, then the right-sided sacrospinous sutures were tied down, completing the vaginal vault suspension.

Results

Transvaginal combined sacrospinous rectopexy and vaginal vault suspension was technically feasible in all 4 cases. Mean age was 76 years. Median ASA score was 3. In the first 2 cases, a Delorme procedure (rectal mucosectomy) was performed concurrently. The average operative time was 243 minutes, and the average blood loss was 100 mL. None of the cases required conversion to an open procedure.

Conclusion

We present the first operative experience with a transvaginal combined sacrospinous rectopexy and vaginal vault suspension. The approach is a technically feasible option for the management of multi-organ prolapse, with the potential for lower morbidity compared the transabdominal approaches.

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<i>Is this a clinical trial?</i>	Yes
<i>Is this study registered in a public clinical trials registry?</i>	No
<i>Is this a Randomised Controlled Trial (RCT)?</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>	Cleveland Clinic Institutional Review Board
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes