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UTERIN PRESERVED CORRECTION OF ADVANCED PELVIC ORGANE PROLAPSE

Introduction

In cases of symptomatic genital prolapse, surgical repair is the standard treatment. Hysterectomy is widely performed concomitantly whenever the uterus is significantly prolapsed. However, there is no clear evidence supporting the role of hysterectomy in improving surgery outcome.

In this video, we present our experience with a new surgical technique “uterin preserved correction of advanced pelvic organe prolapse”.

Design

10 women underwent the following procedure since March 2006 under general or regional anesthesia. Their mean age was 58 years (range from 48-65). Preoperative evaluation included history and physical examination, dynamic pelvic magnetic resonance imaging, urodynamics, and symptom questionnaire.

Case

The case in the film is a 62 years old female with POPQ Stage IV pelvic organe prolapse.

Dynamic magnetic resonance imaging (MRI) showed the weakened pelvic flor with prolapse

In this procedure patient was in the dorsal lithotomy position. Paralel longitidunal incisions was made bilaterally to the prolapsed ureterovaginal segment using cauterization. A 4 - 6 x 30 cm in diameter prolene graft was placed among the paralel incisions, and the peripheries of the paralel incisions were covered on the prolen graft using 2/0 vicryl and 2/0 sutures. The remaining part of the mesh, approximately 20 cm was cut longitudinally amidst into two. Using finger control among the parts of the prolen mesh cut into two, the lateral ones were directed to promontorium, the medial ones were transferred in the suprapubik area and were taken into the intraabdominal space for fixation. The graft is sutured to the sacral promontary, the peritoneum over the presacral space is closed and the graft is peritonealized to prevent mesh erosions.

Results

This approach conducted to 10 patients. The mean operation time was 80 minutes, mean blood-loss was 50 ml, and the mean time to for patients to urinate without a catheter was 24 hours. The postoperative evaluation was conducted in the third and twelfth months. The patients were evaluated at 3-month intervals for the first year with assessment physical examination, POP-Q determination, and postvoid residual urine volume (PVR).

Postoperative POP-Q scores showed stage 0–I prolapsus in all patients. Quality of life improved from 4.7 to 1. No patients experienced urinary retention.

Conclusion

This new procedure allows fixation of the upper vagina and uterus to the sacrum besides the fixation to the suprapubik area by means of the propilen mesh. The higher fixation of the prolapse tissues provide durable repairs.

Longer follow up in a larger population to assess the reliability of this novel technique would be advisable.

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Is this study registered in a public clinical trials registry?	**No**
Is this a Randomised Controlled Trial (RCT)?	**No**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**Yes**
Specify Name of Ethics Committee	**Selcuk University**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**