

## A MINIMALLY INVASIVE TECHNIQUE FOR THE TREATMENT OF ADVANCED UTEROVAGINAL AND VAULT PROLAPSE: EXTRAPERITONEAL SACROCOLPOPEXY

### Introduction

Abdominal sacrocolpopexy is considered the gold standard technique for uterovaginal or vaginal vault prolapse repair. We report our experience with extraperitoneal sacrocolpopexy (ESCP) that may avoid gastrointestinal (GIS) complications of transperitoneal sacrocolpopexy.

### Design

Twelve consecutive patients with advanced uterovaginal/vaginal cuff prolapse (grades III – IV according to POP-Q system) underwent ESCP between July 2007 and June 2009. Eight patients had previous hysterectomy. Four without uterine disease were offered the chance of preserving the uterus. Patients were assessed with Pelvic Floor Distress Inventory Short Form (PDFI-SF 20) and Pelvic Floor Impact Questionnaire (PFIQ-7) questionnaires, pelvic ultrasound, and post voiding residual (PVR) urine determination. Through a Pfannenstiel or infraumbilical vertical midline incision, urachus was identified, the bladder was retracted medially on the right side and the peritoneum was dissected off the bladder and the right ureter. Sacral promontorium was then exposed and prepared. Vesico-vaginal plane was dissected and a 4x10 cm. polypropylene mesh was interposed and fixed between superior vaginal wall and promontorium. Post-operative follow-up was scheduled at 7th day, 1,3,6, and 12th months, and yearly thereafter with pelvic examination, PDFI-SF 20 and PFIQ-7 questionnaires, and PVR measurement. Failure was defined as any prolapse of grade  $\geq 2$  in the anterior, posterior or apical compartments. Pre operative PFDI-20 and PFIQ-7 scores and POP-Q measurements were compared with post-operative 6<sup>th</sup> month values using the Wilcoxon sign test.

### Results

Mean operation time was 112  $\pm$  21 minutes. All patients were discharged from the hospital within 24 hours. Urethral catheter was removed within 12 hours except one who had bladder perforation. The catheter was removed on 6th day in this patient without any subsequent complications. With a median follow up of 12 months, 91.2% of patients were objectively cured (1 patient had grade 2 rectocele 6 month after surgery), and subjective cure rate was 83.4% (10/12, two patients complained of de-novo urge incontinence). All patients had significant improvement in the PFDI-SF 20, PFIQ-7 scores, and POP-Q measurements at 6th month. Post-operative GIS complications were not encountered in any case.

### Conclusion

ESCP seems to be a safe, feasible and effective technique that may eliminate the potential GIS complications of transperitoneal sacrocolpopexy.

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<b>Is this a clinical trial?</b>	<b>No</b>
<b>What were the subjects in the study?</b>	<b>HUMAN</b>
<b>Was this study approved by an ethics committee?</b>	<b>No</b>
<b>This study did not require ethics committee approval because</b>	<b>The study presents data from patients operated in our clinic. All patients gave informed consent and institutional review board approval was obtained.</b>
<b>Was the Declaration of Helsinki followed?</b>	<b>Yes</b>
<b>Was informed consent obtained from the patients?</b>	<b>Yes</b>