

TRANS-VAGINAL COLPOSACROPEXY: DESCRIPTION OF A NOVEL METHOD.Introduction

Colposacropexy is re-emerging as the operation of choice for apical vault prolapse (1). Initially described as a trans abdominal procedure (2), followed by later developments utilizing the laparoscopic approach and recently a combined approach has been described in which the mesh is fixed to the apex of the vagina and posterior wall trans vaginally, and then after closure of the vault, the sacral end of the mesh is attached by laparoscopy (3). It seemed only natural to further advance and explore the possibility of performing colposacropexy exclusively trans-vaginally.

Design

Technique description: After performing vaginal hysterectomy (or opening the apex of the vault in cases of apical vault prolapse post hysterectomy) we sharply dissect the posterior peritoneum off the vaginal mucosa, after identifying the correct plane we continue with digital dissection of the peritoneum up to the sacrum. A Navartil retractors can be inserted into the dissected area for visualization of the presacral area. We then suture a polypropylene tape of 3X15 cm to the vaginal mucosa and down along the rectocele if necessary. The rectum is pushed to the left by a swab on a swabholder inserted to the anus. We then invert the tape into the dissected space, feel the bone at the level of S3-5, and under digital control we attach the tape with 2-3 endoscopic tackers (ProTack™ 5mm Fixation Device). We then close the vaginal cuff. The tension is gauged by leaving a 1st degree apical prolapse to allow for when upright to flatten the tape on the pelvic floor and avoid excess tension and back pain.

Results

Five patients consented and underwent the procedure. Three women at vaginal hysterectomy and 2 for post hysterectomy apical prolapse. All the patients underwent the surgery because of symptomatic prolapse. No immediate or late complications were recorded and the success was complete, with no apical prolapse during follow up period. Follow up of one month to one year of these patients reveals no recurrence of prolapse.

Conclusion

Trans-vaginal colposacropexy is plausible, safe, effective, and allows the completion of pelvic floor reconstruction without the need of combined abdomino-vaginal procedures.

References

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3. Montironi PL, Petruzzelli P, Di Noto C, Gibbone C, De Sanctis C, Fedele M. Combined vaginal and laparoscopic surgical treatment of genito-urinary prolapse. Minerva Ginecol. 2000 Jul-Aug;52(7-8):283-8.

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Is this a clinical trial?	Yes
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	Helsinki
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes