

1245

Tyagi R¹, Romanzi L¹

1. New York Presbyterian Hospital - Weill Cornell Medical Center

INTRAPERITONEAL UTEROSACRAL HYSTEROPEXY FOR THE MANAGEMENT OF UTERINE PROLAPSE IN YOUNG WOMEN

Hypothesis / aims of study

Pelvic organ prolapse is a condition that is common in older women, but in young and / or nulliparous women can be a difficult to manage condition.

This study was designed to evaluate transvaginal intraperitoneal uterosacral hysteropexy as a reasonable and durable surgical management uterine prolapse in young women.

Study design, materials and methods

A retrospective chart review of patients under age 45 who underwent transvaginal uterosacral hysteropexy was performed. 22 charts were identified. The charts were reviewed for preoperative pelvic floor support defects, age at repair, race, parity, concomitant procedures performed and postoperative pelvic support.

Uterosacral hysteropexy was performed as follows: the cervical mucosa was circumscribed, bladder flap dissected and intraperitoneal dissection and isolation of the uterosacral ligaments was performed. The uterosacral ligaments and distal cardinal ligament complex were transected and suture ligated. Delayed absorbable sutures were placed 3-4 cm proximal to the isolated uterosacral pedicle bilaterally for uterosacral fixation. The cardinal ligament - uterosacral pedicles were fixed to the anterior cervix in vest over pants fashion. The uterosacral fixation sutures were threaded through the ipsilateral posterior vaginal cuff. The vaginal wall was re-approximated to the cervix, and finally, the uterosacral fixation sutures were tied completing the apical resuspension.

Postoperative pelvic support evaluation included compartmental evaluation using a Baden Walker classification. Recurrence was classified as compartmental exam of grade 2 or more and was labeled repair failure regardless of the presence or absence of subjective symptoms.

Results

21 patients met inclusion criteria with 21 charts available for review. All patients underwent uterosacral hysteropexy (USH) with mean postoperative follow up of 1.3 years (median follow up 1 year). Average parity was 2.2 pregnancies, but included 2 nulliparous women.

One patient had recurrent uterine prolapse and four patients developed cystoceles documented on postoperative evaluation. In addition, 1 patient had a postoperative pregnancy she elected to terminate in the first trimester.

Interpretation of results

This minimally invasive transvaginal technique for uterine suspension is a durable surgical procedure. This surgical technique does not affect the potential for future successful pregnancy.

Concluding message

Uterine prolapse in young nulliparous or parous women can be successfully repaired with a minimally invasive transvaginal repair. The intraperitoneal uterosacral hysteropexy is durable and does not affect the integrity of the uterus or cervix allowing for potential future childbearing.

References

1. Luber KM, Boero S, Choe JY. (2001) The demographics of pelvic floor disorders: current observations and future projections. Am J Obstet Gynecol 184(7):1496-501.
2. Barranger E, Fritel X, Pigne A. (2003) Abdominal sacrohysteropexy in young women with uterovaginal prolapse: long-term follow-up. Am J Obstet Gynecol 189(5):1245-50
3. Diwan A, Rardin CR, Strohsnitter WC, Weld A, Rosenblatt P, Kohli N. (2006) Laparoscopic uterosacral ligament uterine suspension compared with vaginal hysterectomy with vaginal vault suspension for uterovaginal prolapse. Int Urogynecol J Pelvic Floor Dysfunct 17(1):79-83.

Specify source of funding or grant	None
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	Weill Cornell Medical Center IRB committee
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	No