

## A DUAL APPROACH, VAGINAL AND LAPAROSCOPIC, TO UTERINE PROLAPSE

### Hypothesis / aims of study

Severe uterine prolapse with or without vaginal wall prolapse can be treated surgically by three main approaches. The classical operation is the vaginal hysterectomy and colporrhaphy. It has the advantage of a relatively fast recovery and a low rate of complications. On the other hand it carries less than perfect anatomical results and a high rate of recurrence.

An alternative classical approach is the colposacropexy that requires the abdominal route. The success of these operations in alleviating the vaginal prolapse is mostly of longer duration, but an abdominal operation usually carries longer hospitalizations and more severe complications. Lately, it was shown that these operations could be performed laparoscopically, but they are time consuming and require highly experienced laparoscopists.

The third approach includes the use of new vaginal meshes to support the pelvic anterior / posterior compartments. These procedures carry a high range of early and late complications, and are not the subject of this presentation. All three approaches have uterine conservation versions, but these will not be discussed in this paper.

The aim of this study is to analyze the results of a new dual operation that has the advantages of vaginal hysterectomy with the anatomical results of laparoscopic colposacropexy without having the need for a lengthy laparoscopy.

### Study design, materials and methods

From April 2009 until March 2010, 11 cases of severe vaginal prolapse, grade 3-4, were treated by a dual operation. It included vaginal hysterectomy, placement of mesh vaginally by suturing it to the pelvic side of the anterior and posterior vaginal walls, after separating the vagina from the bladder and rectum close to the apex, and closure of the vaginal vault. Laparoscopy was then performed and the mesh was attached to the sacrum by tuckers.

The present study included collecting the charts of the patients and noting the length of stay and any complications.

### Results

All the patients experienced a recovery period similar to that of vaginal hysterectomy.

They were usually discharged after 2 days. One patient had postoperative fever and was treated successfully by intravenous antibiotics for five days, and one patient had a transient urinary retention that was relieved spontaneously after 4 days.

### Interpretation of results

The dual operation was mainly a vaginal procedure with a small vaginal addition of suturing the mesh, and a simple laparoscopy for the attachment of the mesh to the sacrum. The laparoscopy, also, served as a control of the vaginal procedure, and in some cases a small bleeding vessel was found and cauterized.

### Concluding message

The dual vaginal laparoscopic approach had the benefit of allowing easy suturing of the mesh to the vagina, and reducing the need for a lengthy laparoscopy. More cases and longer follow-up, are obviously needed in order to have more meaningful results.

<b>Specify source of funding or grant</b>	<b>No funding or external grants</b>
<b>Is this a clinical trial?</b>	<b>Yes</b>
<b>Is this study registered in a public clinical trials registry?</b>	<b>No</b>
<b>Is this a Randomised Controlled Trial (RCT)?</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>This was a retrospective analysis of procedures previously done.</b>
<b>Was the Declaration of Helsinki followed?</b>	<b>Yes</b>
<b>Was informed consent obtained from the patients?</b>	<b>No</b>