

## MESHLESS EXTRAPERITONEAL SACROCOLPOPEXY

### Hypothesis / aims of study

Abdominal sacrocolpopexy is considered the gold standart technique for uterovaginal/cuff prolapse, however mesh usage stil under debate. We report our experience with extraperitoneal sacrocolpopexy (ESCP) without mesh.

### Study design, materials and methods

Nine patients who had grade 3-4 uterovaginal/cuff prolapse, underwent ESCP without mesh between january 2009 and october 2010. 7 had previous hysterectomy. 2 without uterine disease were offered preserving the uterus. Preoperative evaluation included pelvic floor distress inventory short form (PDFI-SF 20), pelvic floor impact questionnaire (PFIQ-7) questionnaires, pelvic ultrasonoud and post voiding residual (PVR) urine determination. Through a pfannenstiel or infraumblical midline incision, the bladder was retracted medially on the right side and the peritoneum was dissected off the bladder and the right ureter. Vesicovaginal plane was dissected then plicated and suspended to sacral promontorium with a web which made up with non-absorbable suture, passing from cuff/cervix to promontorium approximately 4-5 times. Post operative follow up scheduled at 7th day, 1,3,6, and 12 th months and yearly thereafter by 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 PDFI-SF 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 58±14 minutes. All patients were discharged within 24 hours. Urethral cathater was removed within 6 hours. With a median follow-up 12 months failure was not occurred in any patient. All patients had significant improvement in PDFI-SF 20, PFIQ-7 scores and POP-Q measurements at 6<sup>th</sup> month.

### Interpretation of results

Despite widespread use of mesh in prolapse surgery, very few safety and effectiveness data have been published. Vaginal erosions, mesh infections and bowel erosions were reported due to the meshes. In these meshless ESCP, success rate was smilliar with standart abdominal sacrocolpopexy or extraperitoneal sacrcpolpopexy without early or long term complications of meshes.

### Concluding message

Meshless ESCP with short operation time seems to be safer, feasible and effective technique that may eliminate the potential complications of the mesh.

<b><i>Specify source of funding or grant</i></b>	<b>None</b>
<b><i>Is this a clinical trial?</i></b>	<b>No</b>
<b><i>What were the subjects in the study?</i></b>	<b>HUMAN</b>
<b><i>Was this study approved by an ethics committee?</i></b>	<b>Yes</b>
<b><i>Specify Name of Ethics Committee</i></b>	<b>Bezmi Alem Vakif University Ethics Committee</b>
<b><i>Was the Declaration of Helsinki followed?</i></b>	<b>Yes</b>
<b><i>Was informed consent obtained from the patients?</i></b>	<b>Yes</b>