105

Enria R[1], Armellino F[1], Alovisi C[1]
1. *Ospedale Maria Vittoria*

LAPAROSCOPIC TREATMENT OF UTERINE PROLAPSE FOR YOUNG WOMEN WISHING PREGNANCY

Hypothesis / aims of study

Uterine prolapse is a common finding in postmenopausal women, but rarely seen in young women still wishing pregnancy.
Laparoscopy is a mini-invasive approach to such pathology (1,2) and it is particularly advantageous if a conservative treatment of the uterus is wished (3,4,5).
In our experience we treat this kind of pathology by laparoscopy fixing the uterus to the sacral promontory with a polypropylene mesh (sacral-hysteropexy).
We have used sacral-hysteropexy in 23 cases: 10 patients became pregnant (8 of them reached the term of the pregnancy), only two of them had partial relapses after pregnancy not further surgically treated. All deliveries took place through cesarean section.
Hereafter we are describing the surgical technique.

Study design, materials and methods

We have been employing the “sacral-hysteropexy” since 1996 in 23 patients between 28 and 42 years old (medium age 35). All patients were suffering from symptomatic uterine prolapse of a II-III degree according to the half way system classification. All these patients wished to save fertility.
The operation aim is to preserve the uterus by restoring by anatomical situation as physiological as possible. The uterine isthmus is suspended to the sacral periosteum by a polypropylene mesh (fig 1). Four laparoscopic accesses were done: one 10 mm optical preumbilical and three secondary ways, one 10 mm suprapubic and two 5 mm bilateral parailiac. The suture used for the anchorage is an interlaced synthetic polifilament non-reabsorbable.
Before fixing the suture stitch it is important to open the peritoneum: such an opening is done in the uterine isthmus between the vescical plica and utero-sacral ligament and in the back between the sacral promontory going down to the pelvic floor until the Douglas to reach the previously opened section. We place the mesh around the uterine isthmus through two holes created in the avascular part of the ligament. Such mesh is tied and fixed in the back where there are utero-sacral ligament and on the sacral promontory. After that we cover the mesh with the peritoneum suture reabsorbable.

Results

23 patients with uterine prolapse had been treated this way, there are two partial relapse (8.7%) with no further surgical treatment because asymptomatic. Ten patients became pregnant, eight of them had a baby; they of course underwent cesarean section. There was very little blood loss. Non intra and post surgical complication occurred. All the patients were dismissed the following day. 40 days later at the follow up visit, all the patients had gone back to their usual life.

Interpretation of results

Seeing our results and the few literature data (3,4,5) this surgical technique used in order to restore the uterine position allows to re-equilibrate pelvic floor anatomy.
Besides the “sacral-hysteropexy” is a mini-invasive and at the same time effective treatment being able to help young women with uterine prolapse who still wish to have babies.

Concluding message

Seeing our results and the few literature data (3,4,5) this surgical technique used in order to restore the uterine position allows to re-equilibrate pelvic floor anatomy.
Besides the “sacral-hysteropexy” is a mini-invasive and at the same time effective treatment being able to help young women with uterine prolapse who still wish to have babies.

References

1. Wattiez A, Boughizane S, Alexandre F, Canis M, Mage G, Pouly JL, et al. Laparoscopic procedures for stress incontinence in prolapse. Curr Opin Obstet Gynecol 1995; 7: 317-21.
2. Nezhat C, Nezhat F, Nezhat C. Laparoscopic sacral colpopexy for vaginal vault prolapse. Obstet Gynecol 1994; 84: 885-8.Krause HG, Goh JT, Sloane K. Higgs P, Carey MP. Laparoscopic sacral suture hysteropexy for uterine prolapse. Int Urogynecol J Pelvic Floor Dysfunct. 2006 Jun;17(4):378-81.
3. Sasson S., Busby G., Broome J Laparoscopic hysteropexy: the initial results of a uterine suspension procedure for uterovaginal prolapse. BJOG 117 (9): 1166

Disclosures

Funding: None **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** Because this study is on surgery technique **Helsinki:** Yes **Informed Consent:** Yes