ROBOTIC SACROCOLPOPEXIES: MINIMIZING KNOT TYING WITH BARBED SUTURES

Introduction

Since their advent, barbed sutures have been applied to an increasing array of surgeries, with proponents claiming that the barbs provide for a more secure closure while decreasing operative times by obviating the need for knot tying. We evaluate the feasibility, safety, and efficacy of using the unidirectional barbed V-Loc suture in robotic sacrocolpopexies and compare it with the use of the standard PDS suture.

Design

After obtaining IRB approval, we retrospectively reviewed patients who underwent robotic sacrocolpopexies using either the standard suture or the V-Loc suture over a 13-month period.

Results

A total of 21 consecutive patients were evaluated over a 13-month period, all of whom underwent a robotic sacrocolpopexy. 14 women underwent a robotic sacrocolpexy using the V-Loc suture, while 7 underwent surgery using the standard PDS suture. 78.6% in the V-Loc group underwent a concomitant transobturator tape sling, vs. 85.7% in the standard group. 42.9% of the V-Loc group had a concomitant surgery, compared to 71.4% in the standard group. Average age (V-Loc group: 66.3 years, standard group: 62.6 years) and BMI (V-Loc group: 26.4, standard group: 26.5) were similar between groups. The V-Loc group had a higher percentage of patients with a history of previous prolapse repair (57.1% vs. 14.3% in the standard group) and a lower average POP-Q score (2.2 vs. 2.7 in the standard group). The OR time in the V-Loc group was similar to that of the standard group (267.4 vs. 248.1 minutes), as was EBL (80.0ml vs. 82.9ml). Follow-up time was less for the V-loc group (6.9 vs 13.6 weeks), and hospital stay and complication rates were similar.

Conclusion

The barbed V-Loc suture can easily be implemented during robotic sacrocolpopexies in a safe and efficacious manner.

Disclosures

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