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SURGICAL TREATMENT OF GENITAL PROLAPSED WITH TISSUE FIXATION SYSTEM

Introduction

To assess the effectiveness, perioperative safety and invasiveness of the Tissue Fixation System (TFS) sling operation when used for repair of uterovaginal prolapse with uterine preservation.

Design

We do a randomized trial for surgical treatment of genital prolapse in women with symptomatic genital prolapse and POP-Q stage II o more with or without urinary incontinence and without uterine pathology.

In one group we practice vaginal hysterectomy (Reinfestuhl technique) with McCall stitch , anterior vaginal plastia and perineal body reefing

Operations using the TFS anchor system were performed on 23 women aged between 48 and 76 years (average 62) . Details of the procedures were as follows: midurethral sling (n=10); U-sling for anterior vaginal wall defects (n=23), cardinal ligaments sling (n=23); posterior sling of the uterosacral ligaments (n=23). Perineal body was reefing in all cases.

Results

All patients were followed up for a minimum of 6 months. The mean of the operating time were 74 (40-160) minutes. All patients were discharged on the first-second day of surgery. There were no intra- or postoperative complications. At the 6-month follow up 22 patients were without prolapse symptoms and stress incontinence, 6 patients had persistent urgency. There was one recurrent uterovaginal prolapse and one recurrent cystocele. At the 12-month 6 patients was asymptomatic of prolapse without hysterocel, one had asymptomatic cystocel (Ba point at -2)..At 24-month 2 patients had no hysterocel and were asymptomatic.

Conclusion

We expose our preliminary results at one year for TFS hysteropexy. TFS hysteropexy procedure could be a good alternative for repairing the pelvic floor dysfunctions rebuilding the cervical ring with uterine preservation.

The short duration of the operation and the short term of recovery make the procedure useful.

Almost all patients have an improvement in the quality of life.

However, long-term results are currently unknown but we are continuing with the trial and we hope to give more data soon.

Disclosures

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