

SINGLE-CENTER EXPERIENCE WITH LAPAROSCOPIC COLPOSACROPEXY FOR REPAIR OF VAGINAL VAULT PROLAPSE

Hypothesis / aims of study

Vaginal vault prolapse can be restored by colposacropexy using mesh-tape being performed usually open transabdominally. We report our experience with laparoscopic colposacropexy in patients with vaginal vault prolapse.

Study design, materials and methods

Overall, 22 patients with vaginal vault prolapse were operated by laparoscopic transabdominal colposacropexy during a 2-year period. For laparoscopy, pneumoperitoneum was initiated using a verres-needle via a 2-cm supraumbilical incision, which also was used for the insertion of a 12-mm camera-port. Further, 2 additional 5-mm trocars and one 10-mm trocar were inserted into left and right lower abdominal wall. After preparation of vaginal wall and promontorium, a Y-mesh tape was used for fixation of vaginal vault. Preoperative and follow-up examinations consisted of pelvic examination, ultrasound-guided measurement of residual urine and evaluation of bladder, bowel and sexual symptoms. Any perioperative complications were recorded prospectively.

Results

Mean age of the patients was 61.2±7.5 years. Mean duration of the operation was 58.5±22.4 minutes, and mean duration of hospitalization was 3.1±2.8 days. There were no serious perioperative complications, especially no bleeding, no conversions and no injuries to the pelvic organs. Functional and morphological results: prolapse was cured in 88.6% of the patients, 1% of the patients had a mild residual prolapse, but were improved symptomatically. No patient required a re-operation. Overall, 94% of the patients had a significant improvement or were cured of their symptoms of voiding dysfunction (urge incontinence, frequency, nocturia, mixed-incontinence). No patient had de-novo urge incontinence, while de-novo stress incontinence occurred in 6 patients, which were treated by implantation of a transobturator suburethral sling.

Interpretation of results:

Laparoscopic colposacropexy for repair of vaginal vaults prolapse is feasible with low rate of complications.

Concluding message

The clinical and functional results are comparable to those reported for vaginal and open transabdominal procedures for vaginal vault prolapse repair, however laparoscopic technique represents a better cosmesis and a faster recovery.

Disclosures

Funding: None **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** Part of routine care **Helsinki:** Yes **Informed Consent:** Yes