

THE SELF MODIFIED ANTERIOR FOUR ARMS TRANSVAGINAL MESH SURGERY FOR TREATMENT OF ADVANCED VAGINAL CUFF PROLAPSE AFTER HYSTERECTOMY – PRELIMINARY REPORT.

Introduction

To evaluate the safety and efficacy of self modified Anterior Four Arms Transvaginal Mesh surgery for treatment of advanced vaginal cuff prolapse after hysterectomy (stage III VC Pelvic Organ Prolapse Quantification [POP-Q] system).

Design

Fifty patients (45 after abdominal and 5 after vaginal hysterectomy) with severe symptomatic vaginal cuff prolapse (POP-Q stage III vc) underwent self modified TVM anterior surgery and were followed up for 2 to 12 months (average-3 months). Each patient fulfilled preoperative and postoperative questionnaire (3 months after reconstructive surgery).

After hydrodissection, single incision of anterior vaginal wall was performed starting 3cm from external urethral meatus up to vaginal cuff where remnants of utero-sacral ligaments were identified. Anterior vaginal wall was separated from the bladder and adjacent tissues until ischial spine on both sides were palpated. Upper arms of mesh were inserted through anterior part of obturator foramina, whereas lower arms through ischiorectal fossas and sacrospinal ligaments. Lower part of the mesh was fixed with unresorbable sutures to the remnants of utero-sacral ligaments. Additionally in 20 patients suburethral sling had been inserted due to coexisting SUI. Kolpoperineomyoplasty with restoration of perineal body in order to reduce genital hiatus dimension was performed in all patients. Vaginal pack was placed for 24 hours in order to secure the proper contact of the mesh with vaginal wall. Subjective and objective evaluations included POP-Q staging as well as preoperative and 3-months postoperative questionnaires.

Results

Objective and subjective data were available for 49 patients. In 28 patients optimal anatomical outcome (POP-Q 0 vc -8 to-10 cm), in 20 patients satisfactory outcome (POP-Q I vc -8 to-10 cm) was achieved. In 1 case anatomical failure occurred (POP-Q III vc -4 cm). Subjective assessment obtained from questionnaires revealed that 32 patients (65%) quantitated the improvement after the surgery for more than 90%, 10 patients (20%) more than 70% and 6 (12%) patients more than 50% whereas 1 (surgical failure) did not report any difference. In 4 cases bladder injuries occurred during operation and this was managed in all cases successfully by 3-days long catheterisation. In 3 cases de novo SUI occurred and this was managed successfully by TOT procedure performed 6 weeks after primary repair.

Conclusion

The self modified Anterior Four Arms Transvaginal Mesh procedure is an simple and very effective surgical option for the treatment of vaginal cuff prolapse.

Disclosures

Funding: None. No conflict of interest. **Clinical Trial:** Yes **Public Registry:** No **RCT:** No **Subjects:** HUMAN **Ethics Committee:** Ethics committee of Medical University of Lublin **Helsinki:** Yes **Informed Consent:** Yes