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**Title:** A NEW TRANSVAGINAL TECHNIQUE FOR CYSTOCELE REPAIR AND SLING-THE  
CADAVERIC PROLAPSE REPAIR AND SLING (CAPS)

**Aims of Study:**

A new technique using cadaveric fascia lata for the simultaneous repair of a cystocele and placement of a pubovaginal sling via a transvaginal approach is demonstrated and our early results are reported. We refer to this as the cadaveric prolapse repair with sling, or CaPS.

**Methods:**

A 6x8 cm segment of cadaveric fascia lata is placed transvaginally to repair the defect through which the bladder herniates into the vagina to provide sling support at the bladder neck/proximal urethra. The sling is anchored to the pubic bone with transvaginal bone anchors. The remainder of the fascia is then secured to the medial edge of the levator muscles/pubocervical fascia bilaterally and at the vaginal cuff or cervix with absorbable sutures to reduce the cystocele.

**Results:**

126 patients have undergone this procedure with a follow-up ranging from 6-34 months (mean 13 mos). A total of 15 (12%) had recurrent recurrent prolapse on follow-up including 7 (6%) recurrent grade 1 cystoceles, which have not required further treatment. Mean preoperative and postoperative SEAPI scores were 6.2 and 2.0 respectively, representing a significant improvement ( $p < 0.0001$ ). 70% of patients were  $\geq$  80% satisfied with their results and 76% would recommend the surgery to a friend. 39% of patients reported that they were completely dry and 71% reported  $\geq$  80% improvement in their symptoms. De novo urgency occurred in 11 (12%) of patients with 6 patients (7%) having postoperative stress incontinence. There was no permanent retention and only 1 case of osteitis pubis.

**Conclusions:**

Transvaginal placement of cadaveric fascia for concomitant sling and cystocele repair provides material of excellent strength for the repair without relying on the inherently weak tissues of the patient with pelvic prolapse. Thus far, the early results with CaPS are extremely encouraging. Follow-up is ongoing to evaluate the long-term efficacy of this procedure.

**Source of Funding:** Mentor