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Title: Vaginal sacrospinopexy employing a mesh prosthesis for recurrent cystocele

Aims of study:

Recurrent prolapse is a common problem following vaginal repair and the failure rate increases with each subsequent repair. This teaching video outlines a trans-vaginal approach for the correction of recurrent cystocele secondary to persistent paravaginal and midline fascial defects using a prolene mesh prosthesis.

Methods:

Examination is performed under anesthesia demonstrating both recurrent midline and paravaginal fascial defects with loss of rugae over the anterior vaginal wall. A midline incision is then made in the anterior vaginal wall and the bladder is dissected off the vaginal epithelium. This dissection is extended posteriorly as far as the sacrospinous ligaments. The vaginal fascia is then imbricated in the midline in two layers using a 2.0 polydioxanone suture. A prolene mesh prosthesis is then prepared 10 cm in length and 2cm in width laterally with a 2 x 3cm semi-circular central extension. The prolene mesh is placed over the site of the imbricated midline fascial defect and laterally over the sacrospinous ligaments. The mesh is then anchored using 4 x 2.0 polydioxanone sutures. The anterior vaginal epithelium is then closed in two layers over the mesh prosthesis to reduce the risk of mesh extrusion. A cystoscopy is then performed to exclude bladder suture penetration and verify ureteric patency.

Conclusion:

This surgical technique allows for the site specific correction of fascial defects in women with recurrent vaginal prolapse in the anterior compartment. We are currently evaluating the long-term outcome for this procedure in terms of prolapse outcome and patient satisfaction.