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TRANSLEVATOR POSTERIOR INTRAVAGINAL SLINGPLASTY: SHORT TERM DATA ON 85 PATIENTS.

Aims of study

Translevator posterior intravaginal slingplasty ('infracoccygeal sacropexy') was first reported by Petros [1] as a minimally invasive procedure for the treatment of vault prolapse. This analysis was undertaken to evaluate the feasibility and safety of this new procedure.

Study design, materials and methods

This is a retrospective observational study. The learning curve experience with eighty-five patients who had undergone an IVS procedure over a 10 month period (05/02 – 01/04) (61 by SS, 24 by PH) is reported upon. The IVS Tunneller is used to insert a polypropylene tape pararectally to perforate the levator plate at the level of the ischial spines and then fix the tape to the vaginal vault resulting in an artificial 'uterosacral neoligament'.

Results

Mean follow up was 10 months. The mean age of the patient was 62,8 (range: 33 – 83 y). Forty-three women (50.6%) had already had a hysterectomy while 22 (25.9%) had undergone at least 1 sort of prolapse surgery in the past. Of the 85 patients 75 (88.2%) required concomitant prolapse surgery; vaginal hysterectomy: 18 (21.2%), anterior repair: 53 (62.4%) (Autologous mesh in 31), posterior repair: 51 (60%), midurethral sling (TVT/TOT): 14 (16.5%), and cervical amputation: 4 (4.7%). The uterus was left in place in 20 (23.5%) patients.
Operating time in patients only undergoing an IVS procedure ranged from 32 – 65 minutes. No rectal or bladder injury was encountered. Two patients had a blood loss >300cc but this was mainly due to the concomitant procedure.
Follow-up is short (3- 20 months). At least 78 (91.8%) considered themselves cured or improved, 4 were lost to follow-up. Three failures (3.5%) are reported: 1 in the IVS-only group and 2 in the group where the uterus was left in situ. One tape erosion was encountered at 12 months. Local excision of the tape was performed, the patient remains asymptomatic. Persistent difficulty with defecation was reported by 7 (8.2%) (Preoperative incidence: 45%), transient tenesmus by 5 (5.9%). Two patients developed urge incontinence, both settled after 3 months. Scar pain was reported by 5 but resolved spontaneously in all but one. Three (3.5%) of these complained of dyspareunia. Eleven required oral antibiotics for urinary tract- or wound-infection.
From an anatomic perspective the repair showed a significant improvement according to the POP-Q score. Point Ba improved from + 0.5 (average value) to –2.7, point Bp from – 0.6 to – 2.9 and point C from –1 to –6.4

Interpretation of results

The subjective cure rate greater than 91% can certainly compete with the short term results of a sacrospinous ligament fixation or sacrocolpopexy. The anatomical results are excellent. We accept the criticism that the improvement seen for points Ba and Bp are also the result of the concomitant procedures. We do feel, however, that the excellent result for point C is mainly attributable to the posterior-IVS effect.

Concluding message

The translevator posterior IVS is a safe and feasible alternative to the sacrospinous ligament fixation or sacrocolpopexy in selected patients. The procedure seems particularly useful in combination with other vaginal prolapse procedures.

Reference

Int Urogynecol J (2001), 12: 296-303.