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MEDIUM-TERM FUNCTIONAL RESULTS OF LAPAROSCOPIC SACROCOLPOPEXY. A RETROSPECTIVE, UNICENTRIC STUDY OF 81 CASES

Hypothesis / aims of study

Laparoscopic sacrocolpopexy (LSC) offers the possibility of global repair of pelvic organ prolapse (POP) with low morbidity and a relatively easy approach to the retrocervical space when compared with laparotomy [1]. The available data on the functional results of LSC are not sufficient at the present time [2].
The aim is to analyze the medium-term functional results of surgical repair of POP by LSC.

Study design, materials and methods

The study included 81 patients operated on between October 2003 and December 2008. Intra- and postoperative data were collected. An auto-questionnaire of symptoms and quality of life was sent to all patients. Responses from 62 patients were collected and analyzed.

Results

The mean age was 54 years (range 36 – 72 years), and the mean follow-up time was 18 months (median 12.5). Of the patients who responded, 62% were menopausal, 3% had a past history of a total hysterectomy and 8% had recurrent prolapse. All the patients suffered from a POP stage ≥ II, uni or multi-compartmental. In addition, 15% suffered from stress urinary incontinence (SUI), and 40% had a positive VLPP with reduced prolapse on urodynamic study (UDS). The meshes used (71% of cases with multifilament polyester) were fixed by nonabsorbable stitches in 69% of the cases or by Tackers in 31% of the cases. Fixation on the levator ani muscle was carried out in 80% of the cases. Subtotal hysterectomy was done in 6% of the cases, and treatment of SUI by a suburethral sling was carried out in 23% of the cases. The mean time of the intervention was 184 minutes. In spite of one case of laparoconversion due to hypercapnia, no severe intraoperative complications were found. The average hospital stay was 3.5 days. The postoperative global satisfaction was 93.4%. The rate of de novo constipation was 27.8%, and the rate of de novo SUI was 11.4% (of which 1.6% were reoperated). One patient suffered from de novo dyspareunia (1.6%). No cases of vaginal erosion were found. The rate of anatomical success was 96.3%. In fact, we regret that 3 cases of anterior compartment recurrence occurred (at 1, 8 and 12 months), requiring a second intervention via the vagina (2) or by laparoscopy (1). The majority of patients (94%) stated that they were completely cured, and 91% said that they would recommend this intervention to a friend.

Interpretation of results

LSC offers the possibility of global repair of POP with low morbidity and a high satisfaction rate. The technique requires perfect knowledge of pelvic anatomy and experienced surgeons [3]. According to this study, the medium-term anatomical and functional results were excellent. Severe constipation was a minor, but frequent, postoperative complication.

Concluding message

LSC seems to give both less postoperative pain and less dyspareunia than transvaginal POP repair, but further studies comparing laparoscopic and transvaginal methods are needed to confirm this finding.

References

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What were the subjects in the study?	**ANIMAL**
Were guidelines for care and use of laboratory animals followed or ethical committee approval obtained?	**No**
Statement that no ethical approval was needed	**Written information was given directly to included patients**