

TRANSVAGINAL SINGLE INCISION IMPLANT FOR APICAL AND POSTERIOR PROLAPSES.

Introduction

Although transcoccygeal colpopexy has become a widely used procedure for posterior vaginal repair, the risk of injury of the rectum, as well as pudendal vessels and nerves still represents a major concern. A new mesh for transcoccygeal colpopexy was developed for single incision posterior transvaginal level I repair.

This mesh is made of type I polypropylene with of 6 millimeters in diameter helper orifices to facilitate proper integration and provide flexibility.

The kit also includes a disposable retractable insertion guide for insertion of the anchoring system into the sacrospinous ligaments. The multipoint anchoring system is composed of a polypropylene bristly arrowhead attached to polypropylene stitches, which are fixed to the mesh during the procedure. The back of the system has a stop, specially designed to prevent intraoperative damage of pudendal vessels and nerves.

Design

This video shows the treatment of a patient with a posterior prolapse stage 3 according to the POP-Q system. The procedure begins with hydrodissection of vaginal wall. Then, a vertical incision is done in the posterior vaginal wall towards to the cervix, as long as necessary to ensure proper dissection and identification of rectovaginal fascia defects. In the present patient, rectovaginal fascia is detached from the posterior aspect of the pericervical ring, and retracted towards the perineal body.

Blunt dissection is performed towards the ischiatic spine, and coccygeous muscle and sacrospinous ligaments are identified bilaterally. For the restoration of the posterior aspect of the pericervical ring, polypropylene stitches are applied to the sacrouterine ligaments bilaterally or at the posterior aspect of the cervix.

Then, the retractable insertion guide is primed with the multipoint anchor system and introduced toward the ischiatic spine guided by surgeon's index finger and introduced into the sacrospinous ligament, 1.5 cm medial to ischial spine. The tissue anchoring system is delivered and the retractable insertion guide is gently retracted.

Both arms of the mesh are attached to the polypropylene stitches in order to elevate the mesh to DeLancey's level. Also, the mesh is sutured to the uterosacrous ligament and posterior aspect of pericervical ring and adjusted in order to correct the posterior defect completely. The exceeding mesh is trimmed off and distal part sutured to levator ani fascia bilaterally. Remnants of rectovaginal fascia are used to cover the distal part of the mesh, allowing for extra protection against vaginal exposure. Finally, the vaginal incision is closed in the usual manner. A Foley catheter is left overnight.

Results

This procedure was performed in 8 patients (mean age 65 years-old) with POP-Q stage 3 posterior/apical prolapses. Six had had recurrence after previous posterior/apical prolapse repair. Mean operative time was 40 min. No intraoperative complications or post-operative significant adverse events were observed. None presented post-operative vaginal mesh exposure, infection or visceral erosion. Mean follow up was 6 months (4 to 8 months). All of the patients were considered cured (POP-Q posterior/apical stage 0 or 1).

Conclusion

Multipoint anchor system adds the advantages of transvaginal approach to a high level of safety and level I correction of apical and posterior vaginal defects. It represents a real evolution of pelvic prolapse surgery.

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| Was the Declaration of Helsinki followed? | Yes |
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