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EXPERIENCE OF ROBOTIC ASSISTED LAPAROSCOPIC SACROCOLPOPEXY OF A SINGLE UROGYNECOLOGY UNIT

Hypothesis / aims of study

Laparoscopic sacrocolpopexy is one of the surgical methods to repair the vaginal vault prolapse and use of robot has been reported.(1-2) The aim of this study is to evaluate the operative results of robotic assisted laparoscopic sacrocolpopexy (RALS) at an urogynecology subspecialty training unit of a teaching hospital.

Study design, materials and methods

The medical records of all the women having done RALS were reviewed. Information of the operations, complications of the operations and short term results were studied.

Results

From 2007 onwards, a total of 15 RALS were performed. The mean age of the women were 67.3 (6.8) years and the mean parity were 3.8 (1.6). In all, 7 (47%) had previous pelvic floor repair surgery; 14 (93.3%) had concomitant pelvic floor repair surgery, and 3 (20%) had concomitant continent surgery. The operative time was 233 (SD 41) minute (range 180-320), the operative blood loss was 136 (SD 79) ml. Intra-operative complications included one conversion to laparoscopy because of robot failure, 2 (13.3%) bladder injury, and 1 (6.7%) unilateral ureteric kinking (due to paravaginal repair). The bladder injuries were repaired during the operation and the ureteric kinking was released after removal of the suture for paravaginal repair. Post-operative complications included fever in one woman, one incisional hernia at 8mm port site which required mini-laparotomy to free the small bowels and repair the hernia, and one deep vein thrombosis. The median hospital stay was 5 days.

The mean follow up of 13 women (2 women were excluded from this analysis because they had operation performed only within 3 months of this report) was 13.6 (SD 10.4) months. One (7.7%) women had recurrence of prolapse (defined as POP-Q stage II) but all were satisfied with the operative outcome and were asymptomatic of urogenital prolapse.

Interpretation of results

Robotic assisted laparoscopic sacrocolpopexy is one of the treatment options in managing vaginal vault prolapse. Most of the complications were minor except a second operation was needed to manage the incisional hernia. The short term result was satisfactory and the recurrence rate was comparable to other vaginal repair surgery for vaginal vault prolapse.

Concluding message

Robotic assisted laparoscopic sacrocolpopexy is one of the treatment options in managing vaginal vault prolapse. Most of the complications were minor and short term result was satisfactory. However, long term results are needed.

References

1. Elliott DS, Krambeck AE, Chow GK. Long-term results of robotic assisted laparoscopic sacrocolpopexy for the treatment of high grade vaginal vault prolapse. J Urol 2006;176:655-659.
2. Geller EJ, Siddiqui NY, Wu JM, et al. Short-term outcomes of robotic sacrocolpopexy compared with abdominal sacrocolpopexy. Obstet Gynecol 2008;112:1201-6.

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Is this a clinical trial?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	Yes
Specify Name of Ethics Committee	Joint CUHK-NTEC Clinical Research Ethics Committee (CREC)
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	No