

Outcomes for Combined Robotic-Assisted Sacrocolpopexy and Ventral Rectopexy Using a Single Mesh

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Combined robotic-assisted SCP and VRP using a single mesh is an effective treatment for multi-compartment prolapse and/or obstructed defecation syndrome with a low recurrent prolapse rate.

Patients can avoid the costs and risks of undergoing a second operation.

Table 1: Operative patient characteristics and outcomes	
Patient characteristics	Combined SCP and VRP (N=25)
 Age (years, mean ± SD)	65.3 ± 7.9
 Body Mass Index (kg/m ² , mean ± SD)	29.8 ± 5.7
 Ethnicity - Hispanic	24 (96%)
 Pre-operative presentation	
 High-grade pelvic organ prolapse	25 (100%)
 Stage III-IV anterior or apical prolapse	23 (92%)
 Stage III-IV posterior or rectal prolapse	20 (80%)
 Obstructed defecation syndrome or chronic constipation	22 (88%)
 Operative outcomes	
 Operative time – no hysterectomy (minutes, mean ± SD)	221.8 ± 48.3
 Operative time – concomitant hysterectomy (minutes, mean ± SD)	262.7 ± 30.3
 Follow-up time (months, mean ± SD)	4.1 ± 3.6
 Same day discharge	14 (56%)
 Recurrent prolapse	2 (8%)
 Complications	5 (20%)

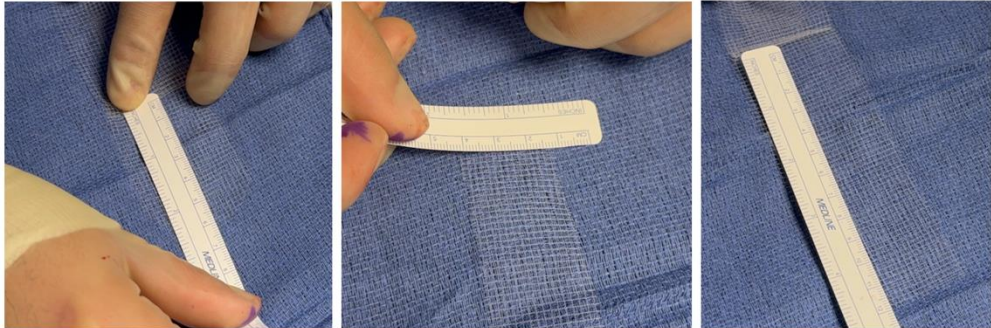


Figure 1: Back table mesh preparation.

Anterior arm of the Y mesh: trimmed to the length of the vesico-vaginal plane dissection, corners are rounded out.

Posterior arm: left at full length.

Tail: left at full length, though the lateral edges are trimmed longitudinally.



Introduction

- >55% of women experiencing >2 pelvic floor disorders by age 80.¹
- Combined corrective surgery can optimize the anatomic position of pelvic organs and reduce the need and costs of a second surgery.²
- Combined sacrocolpopexy (SCP) and ventral rectopexy (VRP) associated with improvements in quality of life and bowel function^{3,4}
- Approaches in mesh application vary in the literature.
- We report our outcomes for combined robotic-assisted SCP and VRP using a single synthetic mesh.



Methods

- Retrospective review of patients who underwent combined robotic SCP and VRP in South Texas between January 2024 and August 2025.
- Primary outcomes were recurrence of anatomical prolapse or symptoms.
- Secondary outcomes were complications from the prolapse repair.



Results



Post-operative prolapse recurrence rate
8.0%
(one stage 2 and one stage 3 posterior prolapse).



The patient with stage 3 posterior prolapse underwent repeat ventral rectopexy.



Post-operative complication rate
20.0%

- UTI managed with antibiotics (n=2)
- persistent constipation managed with stool softeners (1)
- self-limited mild rectal bleeding (1)
- myocardial infarction on post-operative day 2 requiring percutaneous coronary intervention (1)

References:

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- ⁴Watadani Y, Vogler SA, Warshaw JS, et al. Sacrocolpopexy with rectopexy for pelvic floor prolapse improves bowel function and quality of life. Dis Colon Rectum 2013;56(12):1415–22.