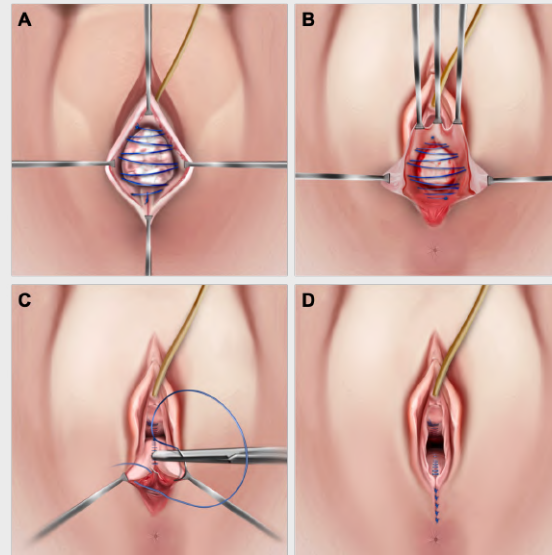


# Laparovaginal reconstruction ensures high anatomical and functional success with minimal complications and significant quality of life improvement

## Vaginal stage of combined laparovaginal reconstruction of the pelvic floor.



•**Study design:** single-center retrospective study, 74 patients with apical or combined POP.

•**Technique:** combined laparovaginal reconstruction (anterior/posterior colporrhaphy, perineoplasty, simplified sacrohysteropexy with mesh).

## Results

•**Operation time:** 162 ± 45 min; **no** intra- or early postoperative complications.

•**Recurrence:** 5% required reoperation within 12–18 months.

•**De novo SUI:** 4%; worsening of pre-existing SUI: 2.7%.

•**Complications:** No mesh erosion, no chronic pelvic pain, no dyspareunia.

•**Quality of life:** significant improvement in PFDI-20, PISQ-12, and ICIQ-SF scores (all  $p < 0.05$ ).

•**POP-Q:** significant anatomical improvement across all parameters ( $p < 0.001$ ).

## Indications for Laparovaginal Reconstruction

1. **Isolated apical POP** – vaginal stage omitted.

2. **Inability to place the patient in lithotomy position** due to musculoskeletal disorders – vaginal stage omitted.

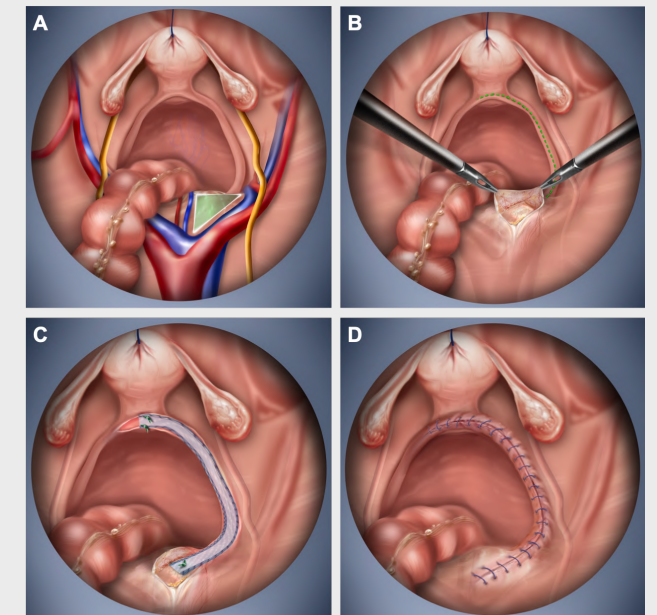
3. **Severe pain on palpation of the sacrospinous ligaments**, but POP requiring axial fixation with mesh.

4. **Women of reproductive age** wishing to preserve the uterus, possibly planning pregnancy, with POP requiring axial fixation.

5. **Technical difficulties of transvaginal mesh placement** (severe scarring, short anterior vaginal wall).

6. **Recurrent POP** in patients with a previously placed vaginal mesh implant.

7. **Need for cervical resection** combined with axial mesh fixation (cervical elongation with apical prolapse).



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