

EFFECTIVENESS OF CLASSICAL TECHNIQUES. THINKING ABOUT LEFORT.

Hypothesis / aims of study

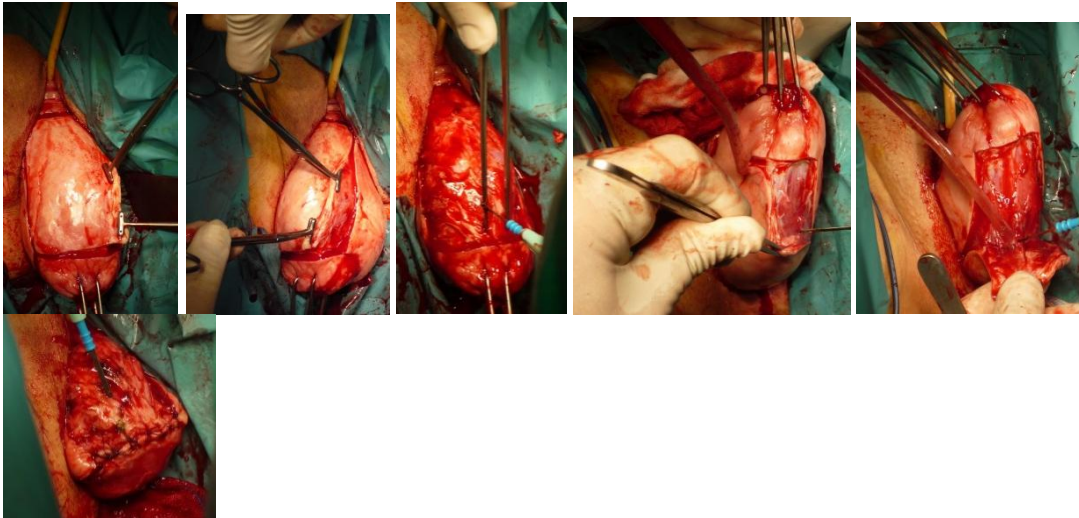
We want to show the effectiveness of LeFort classical technique and also to make a description of it thanks to a case we operated in our Unit.

Study design, materials and methods

Firstly, we will make a description of the case; a woman who was 74 years old, with hypertension and allergic to corticosteroids. Three years ago we collocated her a Perigee® mesh.

She came to our Unit due to the fact that she had a total pelvic organ prolapse. After conservative arrangements, without any improvement, we decided operate her by means of LeFort classical technique. Below this we will do a description of the technique:

At the beginning we placed the cervix in traction pulling it, for making after that an hydrodissection in vagina mucous membrane. Then, we cut it for denuding anterior and posterior wall, until 6 or 7 centimeters under external urethral meatus. Later, the lips were sutured together and after that we sutured the upper lip with the lower one. We didn't have any complication in surgery or after. Now we show the images of surgery



Results

LeFort technique achieves to eliminate pelvic organ prolapse if it is in a high degree, with usually minimum complications. Our average of days in hospital with this technique is three days. All of these patients have had good anatomic outcomes. We usually do a review of these patients in one, three and six months.



Interpretation of results

We propose LeFort technique in high degree prolapse for being a definitive treatment measure.

Concluding message

In the last years, minimum invasive surgery is the most popular one to operate patients with pelvic organ prolapse, including the thinking of our Unit, although we mustn't forget classical techniques as LeFort, taking into account the individual requirements of each patient and the technique which best fits in each moment.

References

1. How I do.. The LeFort colpocleisis procedure? Dubuisson J, Coulange L, Lunel A, Golfier F, Reudrant D. Gynecol Obstet Fertil. 2011 Feb; 39(2): 114-5

Disclosures

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