

MODIFIED LAPAROSCOPIC SACROCOLPOPEXY WITH MESH FOR SEVERE PELVIC ORGAN PROLAPSE: A 1-YEAR PROSPECTIVE FOLLOW-UP STUDY

Hypothesis / aims of study

To assess the anatomical and functional outcomes of modified laparoscopic sacrocolpopexy with mesh for the treatment of severe pelvic organ prolapse (POP) who desire to preserve sexual function.

Study design, materials and methods

This prospective study was undertaken on women with POP \geq stage III without urinary incontinence. After vaginal hysterectomy, patients underwent modified laparoscopic sacrocolpopexy with mesh as follows: two pre-cut nonabsorbable meshes were attached transvaginally to the superior third of the anterior and posterior vaginal walls; then, the meshes were sutured together at the vaginal vault. The posterior mesh was laparoscopically suspended to the sacral promontory. Follow-up was done at 6 weeks, 6 months, and then yearly. Anatomic outcomes were obtained by pre- and postoperative POP-Q measurements (Surgery success was defined according to the NIH standard). Sexual function was assessed according to Pelvic Organ Prolapse Sexual Questionnaire (PISQ-12).

Results

The mean operating time was 95.6 minutes, and the mean blood loss was 147 ml. During a median follow-up of 37.5 months (range 12-54), the surgical success rate was 100% and the patient satisfaction rate was 90.4%. Postoperatively, all patients except 1 were sexually active (95.2%). There was a statistically significant improvement in pre- and postoperative total PISQ-12 scores (31.55 vs. 38.45, $P=.000$), and these changes were observed in 5 specific individual PISQ-12 items ($P<.01$ for all).

Interpretation of results

We performed part of the procedure in the transvaginal route, which greatly simplified the suturing procedure with a laparoscope. Our mean operating time (95.6 min) was much shorter than the reported average of 158 min. Sacrocolpopexy preserves vaginal length and causes little dyspareunia. In our study, 95.2% of patients were postoperatively sexually active, which is surely an advantage compared to classic laparoscopic sacrocolpopexy.

Concluding message

Compared to the laparoscopic sacrocolpopexy approach, modified laparoscopic sacrocolpopexy with mesh is simpler and safer procedure for the management of severe POP, and it interferes less with sexual function.

Disclosures

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Funding or grant: None **Clinical Trial:** Yes **Public Registry:** No **RCT:** No **Subjects:** HUMAN **Ethics Committee:** Ethics Committee of PUMC Hospital **Helsinki:** Yes **Informed Consent:** Yes