THE LAPAROSCOPIC SACROCOLPOPEXY. "TIPS AND TRICKS" FOR A SIMPLIFIED TECHNIC AND OPTIMIZED OPERATING CONDITIONS.

Introduction
Laparoscopic sacrocolpopexy (LSCP) is the reference technique for the repair of pelvic organ prolapse (POP). This complex surgical technique requires special skills and to master laparoscopic sutures, which makes it poorly accessible to young surgeons. We suggest a simplification of this technique by using "tricks" to reduce operative time, optimize feasibility and operating conditions and to limit morbidity.

Design
A 5-minute video shows the main operating times:
1. Fixation of the meso-sigmoid to the left lateral pelvic wall to facilitate access to the rectovaginal space. 2. Minimal dissection of spaces, respecting the anatomical structures. 3. Creation of a tunnel under the peritoneum, facilitating the right passage of the anterior prosthesis and simplifying the peritoneum suture. 4. The use of "lasso" monopolar section in case of associated supra-cervical hysterectomy. 5. Use of adhesive glues for the adhesion of prostheses to tissue and reduce laparoscopic sutures, reducing operative time. 6. "Mandatory" stitches on traction and fixation sites. 7. Peritoneum suturing, using a "V-Lock" filament.

Results
Most of the technical tricks described above have been routinely used in our department for many years. More recently, the glue adhesion of prosthesis to tissues was used in 15 patients with encouraging results in terms of operative time and morbidity. A comparative study is being done in order to investigate the interest of the use of glue (cost / benefit) compared to conventional laparoscopic sutures.

Conclusion
The technical difficulties of the LSCP explain the slow diffusion of this technique in the urogynecologic environment. The simplification of this technique would reduce operative time and morbidity. In addition to the known technical tricks; the use of glue is an additional arm to overcome the difficulties of this intervention. Our experience shows the importance of these "tricks" with satisfactory anatomical and functional results. Concerning the glue, our experience is limited to 15 cases. A comparative study is currently performed to assess the importance of this technical innovation.

Disclosures
Funding: NONE Clinical Trial: No Subjects: HUMAN Ethics not Req'd: Current treatment Helsinki: Yes Informed Consent: No