

HIGH BILATERAL CERVICOSACROPEXY WITH A SLING FOR THE CORRECTION OF PELVIC ORGAN PROLAPSE IN SINGLE INCISION TECHNIQUE

Hypothesis / aims of study

For the correction of ventral and central vaginal vault prolapse tension free, partially resorbable mri-visible mesh sling were generated. The aim was to partially reconstitute the statical function of the pelvic floor with the sling nearly at the sacrouterine ligaments via the generation of kollagen fibers and the iron coated mesh sling was used to allow postoperative MRI-imaging.

Study design, materials and methods

The partially resorbable mesh graft "SERATEX" was made by our specifications according to the certification for textile implants (SERAG WIESSNER KG). 64 patients with vaginal vaults prolapse or apical descent - POP-Q, Grade 2-3 were treated by implantation of the sling using a single incision technique and the reusable suturing device called RSD-Ney in "W-Technique". In 9 cases we used the mri visible sling. The technique for the mesh placement was modified to be minimally invasive for faster recovery. The sling were secured through puncture of the sacrospinous ligament in a high and medial position. Ventral of posterios repair was optional before the suture of the incision. Patient follow up included physical examination, mri, ultra sound as well as elastography. All surgeries and patient follow-up were conducted by one specialist.

Results

The tension free mesh graft retained the vaginal vault prolapse completely at first follow up at 3, 6 and 8 weeks. The following early postoperative complications were detected:

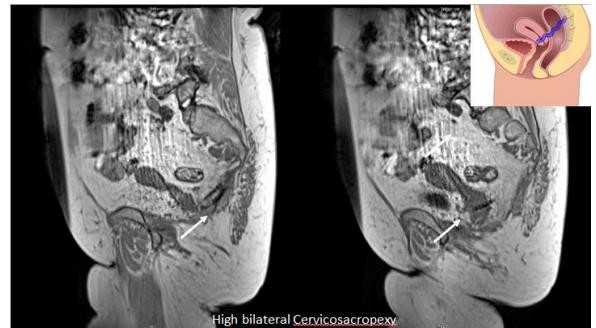
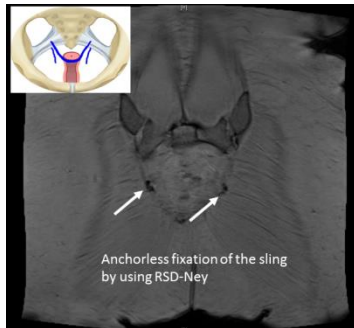
- urinary tract infection (n = 2),
- temporary pelvic pain less 4 weeks (n = 1) and
- blood loss less than 200 ml (n = 1).

There were no cases of ureteric obstruction in this study group

After three weeks first scar tissue was detectable. After approximately 7 months (210 days) the scar tissue of the resorbable mesh part began to resolve, which was documented using elastography. MRI imaging was able to visualize the exact anatomic position of the mesh graft. Correction of the vault prolapse remained in all patients at 9 months end point.

Concluding message

Using a partially resorbable mesh sling for high medial bilateral fixation nearly the sacrouterine ligaments successfully correct the vaginal vault prolapse. This technique may prevent vaginal erosions, reduce dyspareunia and reduces mean operating time and costs. Further vaginal interventions are still feasible and may present a treatment option for young or multimorbid patients. The MRI suitable mesh enables surgeons to gain further data on the outcome of mesh grafts in vaginal vault prolapse repair.



References

1. bilateral cervicosacropexy, mri visible mesh, single incision

Disclosures

Funding: nothing **Clinical Trial:** Yes **Public Registry:** No **RCT:** No **Subjects:** HUMAN **Ethics Committee:** Charitè **Helsinki:** Yes **Informed Consent:** Yes