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ANALYSIS OF ROBOT-ASSISTED SACROCOLPOPEXY COMPLICATIONS IN PELVIC ORGAN PROLAPSE WITH DINDO-CLAVIEN CLASSIFICATION

Hypothesis / aims of study

The robot-assisted laparoscopic sacrocolpopexy is a breakthrough in the treatment of
pelvic organ prolapse. We evaluate the complications of our serie as classified by
Dindo-Clavien

Study design, materials and methods

Between 2006 and 2011 were performed at our center 49 robot assisted sacrocolpopexy to repair anterior and middle pelvic prolapse. Complications were evaluated at 3, 6 and 12 months after the surgery, depending on the classification of Dindo-Clavien. It took into account variables such age, date of surgery, weight, hysterectomy, cystocele, and the use of mesh.

Results

The mean age was 66.1 ± 8.7 years (range 50-82). Mean operative time was 192.6 ± 16 minutes (Range 150-230). We associate a technique for incontinence in 35 patients (71.4%). Only one case required conversion to open surgery. We had 5 cases of intraoperative complications: 1 median sacral artery bleeding, 3 bladder perforations and 1 vaginal injury. 26 patients (53.1%) had postoperative complications: Grade I: 16p (32.7%) mainly groin pain. Grade II: 4p (8.2%) trocar hole infection, stroke, heart failure and ileus.
Grade IIIB: 3p (6.1%), extrusion and excessive mesh tension. No complications were grade IIIA, IV or V.
No significant relationship was found between complications and the evaluated variables: age ($p = 0.74$), BMI ($p = 0.86$), prior hysterectomy ($p = 0.97$), year of surgery ($p = 0.35$), cystocele ($p = 0.21$), nor other associated prolapse (uterine prolapse $p = 0.792$, rectal prolapse $p = 0.413$).

Interpretation of results

In our series, we do not demonstrated a relationship between complications and evaluated
variables.

Concluding message

We think that robot-assisted sacrocolpopexy is a safe technique, and the learning curve does not seem to be related to the appearance of complications.