

CLASSICAL RECONSTRUCTION OF VAGINA AND SACROSPINOUS FIXATION

Introduction

In the times of serious concerns of FDA about the safety of heterologous meshes the reconstruction of pelvic anatomy using the own tissues seem to regain its importance; thus, the classical repair of the vagina including its sacrospinous fixation (SSF)- which can be performed also if the uterus is in place- should remain an integral part of urogynecologists education and practical consideration.

Design

Since 1985 gynecologic departments of the 1st Medical Faculty of Charles University in Prague have been using SSF for cases of vaginal prolapse stage III after the hysterectomy and lately with uterus preserved. We compared two groups of pts –SSF (73) and total mesh operation (79) in a prospective randomized multicentric setup.

Results

The prolapse recurrence rate was significantly higher at 12 months in the SSF group (39.4%) than in the mesh group(16.9%; P=.003) whereas operation time and complication rate was longer and higher in the later.

Conclusion

Higher prolapse recurrence rate in pts undergoing SSF was balanced against a higher complication rate after the mesh surgery.

Disclosures

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