

A 5-YEAR SINGLE-CENTER EXPERIENCE ON LAPAROSCOPIC SACROCOLPOPEXY

Hypothesis / aims of study

The pelvic organ prolapse is a frequent pathology in multiparous postmenopausal women, associated with changes in quality of life, bladder, bowel, and sexual dysfunctions. The laparoscopic approach for pelvic pavement reconstruction in woman with pelvic organ prolapse is a well-accepted technique, with excellent surgical results and high satisfaction rates. The aims of this study are: review and describe the most important aspects of the laparoscopic sacrocolpopexy procedure; review the surgical indications and possible outcomes of laparoscopic sacrocolpopexy; report the surgical experience of a urology department in the last 5 years; Assess the clinical and functional outcomes for sexual, bladder and bowel domains.

Study design, materials and methods

The pelvic organ prolapse was quantified by the “*Pelvic Organ Prolapse Quantification Scale*” (POP-Q); The functional outcomes was assessed by the “*International Consultation in Incontinence Questionnaire for Vaginal Symptoms*” (ICIQ-VS) and directed questions; A database was kept prospectively in the last 5 years for all laparoscopic sacrocolpopexies.

Results

In the last 5 years were performed in this center 28 laparoscopic sacrocolpopexies, in 14 patients was performed a subtotal hysterectomy and in 13 was applied a transobturator tape for prevention/correction of stress urinary incontinence; Mean patient age was 63,5 years (range 44 to 83); Mean operative time was 248 minutes (range 145 to 380). Mean length of stay was 4.7 days (median: 3). A total of 8 patients (28,57%) had one or more complications which were intraoperative 3 and postoperative 9. Intra-operative complications were 2 bladder perforations and 1 bowel perforation. Post-operative complications were erosion of vaginal vault (1), occasional pain in lower abdomen (1), *de novo* stress urinary incontinence (5), rectocele relapse (1) and enterocutaneous fistula (1). Satisfaction rate was 96,4%.

Interpretation of results

Our results confirm the efficacy of this procedure, the low long-term morbidity rate, high satisfaction level and good clinical and functional outcomes in sexual, bladder and bowel domains.

Concluding message

Laparoscopic sacrocolpopexy is a well-accepted procedure for correction of complete pelvic organ prolapse.

References

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2. Price N, Slack A, Jackson SR. Laparoscopic sacrocolpopexy: an observational study of functional and anatomical outcomes. *Int Urogynecol J* 2011;22(1):77-82

Disclosures

Funding: NONE **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** Comissão de Ética do Hospital de São José **Helsinki not Req'd:** It is not a clinical trial **Informed Consent:** Yes