

## CONVENTIONAL LAPAROSCOPIC SACROCOLPOPEXY FOR FEMALE GENITAL PROLAPSE: A COMPREHENSIVE REVIEW.

### Hypothesis / aims of study

The aim of this review is to assess the efficacy, clinical results and complications of laparoscopic sacrocolpopexy (LSC) by presenting the largest review to date since this technique was firstly introduced.

### Study design, materials and methods

A PubMed online search was performed from 01 January 1991 to 31 December 2013 using the words laparoscopy, laparoscopic sacrocolpopexy, sacral and colpopexy, pelvic organ prolapse. One hundred and eighty manuscripts were initially identified, of which 78 dealt with LSC. The reference lists of these articles were searched for further relevant articles. Only English-language studies with over 40 patients were included, resulted in choice of 28 manuscripts.

### Results

A total of 3358 patients were included in 28 studies that met methodological requirements for complete analysis. The objective and subjective cure rate were, respectively, 89.5% and 89.6%, with a mean follow up of 23.3 months. *De novo* dyspareunia, stress urinary incontinence and constipation were present in 8.6%, 9.1% and 10.5% of the patients, respectively. The most common intra-operative complication was bladder injury (1.7%) while the major immediate and early post operative complications were voiding dysfunction and urinary infection. The most common late complication was mesh erosion (2.4%), which was also the main cause of later reoperation. Lumbosacral spondylodiscitis was present in 7 patients (0.25%).

### Interpretation of results

The limits of this study are primarily related to its review and update nature and the lack of standardized reporting techniques, objective cure rates, subjective cure rates, functional outcomes and complications, especially due to the rarity of RCTs on this subject.

### Concluding message

LSC seems to be a safe and effective procedure for the treatment of pelvic organ prolapse with a subjective success rate of 89.5%. Compared to TVM, LSC has significantly higher objective cure and satisfaction rates, coupled with a lower reoperation rate. LSC is especially indicated for sexually active women with symptomatic prolapse, due to its durable results and low rates of dyspareunia. More long term studies are needed to prove the durability of these results.

### Disclosures

**Funding:** the authors declare having no conflict of interest **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** It's a review **Helsinki:** Yes **Informed Consent:** No