Hypothesis / aims of study

The aim of this study is to assess the anatomical and functional outcomes of laparoscopic sacrocolpopexy using an anterior and a posterior polypropylene mesh, for the cure of genital prolapse at one year or longer.

Study design, materials and methods

This is a consecutive 4 year prospective observational study in which 160 patients presented with at least a Stage 2 apical prolapse, with an anterior or a posterior vaginal wall prolapse, who underwent a double sacrocolpopexy. Two large pore size (≥ 1mm) heavyweight (115 g/m²) monofilament of polypropylene prostheses (Aspide Group, Saint-Etienne, France) were exclusively used for this technique. The prostheses were fixed on the the vagina with non absorbable intra corporeal laparoscopic sutures and the sacrum with non absorbable suture. Pre- and post-operative data referring to international pelvic organ prolapse quantitation classification (POP-Q), scores of quality of life and sexuality (French equivalent of the Pelvic Floor Distress Inventory (PFDI), Pelvic Floor Impact Questionnaire (PFIQ) and Pelvic organ prolapse-urinary Incontinence-Sexual Questionnaire (PISQ-12)) were compared.

Results

With a mean follow-up of 34 months, 154 patients were accessible for evaluation. For these patients, the anatomical success rates (Stage 0 or 1) on the apical, anterior or posterior compartments were respectively, 97%, 89% and 98%. On the functional level, all the scores of quality of life and sexuality were improved.

Interpretation of results

This was a retrospective trial

Concluding message

This study confirms the effectiveness of laparoscopic sacrocolpopexy for the repair of the apical compartment prolapse. It also shows its effectiveness for the anterior compartment repair when the cystocele is moderate and limited to a median defect. In our experience, laparoscopic sacrocolpopexy with heavyweight polypropylene prosthesis is an effective treatment of the posterior defect.

References


Disclosures

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