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LAPAROSCOPIC SACROCOLPOPEXY FOR FEMALE GENITAL PROLAPSE: 22 YEARS REVIEW TO ASSESS RESULTS AND EFFICACY.

Hypothesis / aims of study
The aim of this review is to assess the efficacy, clinical results and complications of laparoscopic sacrocolpopexy (LSC) in treatment of pelvic organ prolapse (POP) by presenting the largest review to date on this topic through 22 years since this technique was firstly introduced.

Study design, materials and methods
A PubMed online search was performed from 01 January 1991 to 31 March 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 papers.

Results
A total of 3358 patients were included in 28 studies that met methodological requirements for complete analysis. The objective and subjective cure rates were 89.5% and 89.6% respectively, 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 postoperative complications were voiding dysfunction and urinary tract infection. The most common late complication was mesh erosion (2.4%), which was also the main cause of later reoperation. Lumbosacral spondylo-discitis was present in only 7 patients (0.25%).

Interpretation of results
When compared to other treatment options, LSC has a significantly higher objective cure and satisfaction rate, with a lower reoperation rate.

Concluding message
LSC is a safe and effective procedure for the treatment of POP, So it can be considered the gold standard treatment for female genital prolapse.

Disclosures
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