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## MINI-LAPAROSCOPY SACROCOLPOPEXY FOR APICAL AND POSTERIOR FEMALE GENITAL PROLAPSE.

### Introduction

The incidence of a-POP (apical Pelvic Organ Prolapse) is estimated to affect 0.2-43% of hysterectomized women (1). Open Sacrocolpopexy is considered as the gold standard treatment of a-POP. Conventional Laparoscopic Sacro-colpopexy (LSC) approach provides the potential to combine the success rate of an abdominal approach with a faster recovery time associated with a minimally invasive technique. Surgically, it has been suggested that there is an easier access and placement of the mesh down the posterior vaginal wall compared with the open procedure (2). The aim of this video is to actualize the procedure, performing LSC by using a mini laparoscopic technique. In our knowledge it might be the first publication of LSC using Minilaparoscopic instruments.

### Design

We considered the case of a 62 years old woman who was previously hysterectomized and presented with an apical prolapse and a rectocele. Minilaparoscopic instruments have a 3 mm diameter. Therefore, access ports and skin incisions' size are smaller than those of the conventional laparoscopy. Four laparoscopic ports were placed: a 3 mm suprapubic port, two 3 mm lateral ports and a 12 mm umbilical port. Then the mini-laparoscopy sacrocolpopexy was performed with the same principles of the conventional one. To treat the patient one large pore size ( $\geq 1\text{mm}$ ) heavyweight (115 g/m<sup>2</sup>) monofilament of polypropylene prostheses (Aspide® Group, Surgimesh Implant) was used. The mesh was fixed on the posterior and apical face of the vagina with absorbable sutures (Ethicon Vicryl Polyglactin 910 ® 2/0, 26 mm,  $\frac{1}{2}$  c) and on the sacrum with permanent sutures (Mersuture 1).

### Results

The operating time was seventy minutes. Micro-laparoscopic Instruments were manipulated easily. The patient was discharged the next day with no cutaneous stitches, only steristrips were applied over the 3mm cutaneous incisions.

### Conclusion

Effectiveness, safety and feasibility of the minilaparoscopy technique was applied for LSC. Indications of this technique should be extended to the conventional procedure.

### References

- 1- Natalia et al. Laparoscopic sacrocolpopexy: an observational study of functional and anatomical outcomes. IUGA 2010.
- 2- Oderda M. et al. Long-term outcomes and complications of laparoscopic sacrocolpopexy in 452 cases. Eur Urol Suppl 2015;14/2; e68.

### Disclosures

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