

## LAPAROSCOPIC SACRAL COLPOPEXY WITH RIGHT SACROSPINOUS LIGAMENT SECTION

### Introduction

Laparoscopic sacral colpopexy is one of the best surgical treatments of the pelvic organ prolapse due to the best anatomical correction and the good long-term outcomes.

Neuropathic pain of pudendal nerve can be diagnosed by following the classic Nantes criteria. Even in 68% of cases it is caused by the inter-ligament entrapment (between sacrospinous and sacrotuberous grip). Depending on the clinical presentation and evolution, a conservative or an invasive treatment will be needed.

### Design

A total of 27 patients underwent laparoscopic sacral colpopexy in our institute from September 2012 to March 2016. We used polypropylene mesh in all of them. The mean age was 59,3 (42-71) years. The POP-Q stage III or IV were present at diagnose in one of the three compartments at least. All cases were performed by 2 surgeons.

Between November 2013 to March 2016, 6 women with unilateral or bilateral neuropathic pudendal pain because of inter-ligament entrapment were diagnosed. The mean age was 68,3 (53- 83) years. There was no satisfactory response to conservative treatment, so that they underwent unilateral or bilateral infiltration plus hydro-distention between sacrospinous and sacrotuberous ligaments guided by transvaginal Doppler ultrasound (10ml ropivacaine, 10ml triamcinolone plus 20ml physiological saline solution). The procedure was repeated 2 times in 3 cases and 3 times in 2 cases because of pudendal nerve pain recurrence. All of them were performed by the same physician.

A laparoscopic sacral colpopexy with right sacrospinous ligament section was performed in one case: a 62-year-old woman with a POP-Q anterior prolapse stage III and posterior stage II and right pudendal nerve pain. 3 infiltrations with hydro-distention responses was assessed before, but right pudendal pain symptoms resorted.

### Results

The mean follow-up laparoscopic sacral colpopexy was 21,8 months (0-42), the mean operative time was 194 min (150-280) and the mean hospitalization time was 2,9 days (2-4). No bleeding or major complications were presented. Results after surgical intervention were POP-Q stage 0 or I in all cases.

The infiltration with hydro-distention mean follow-up was 14,6 months (0-28). All procedures were performed without hospitalization with superficial anesthesia. One pelvic hematoma was assessed which only required rest hospitalization. The mean time pain improvement was 13 weeks (2-36).

The result of the 62-year-old woman who underwent laparoscopic sacral colpopexy and right sacrospinous ligament section was POP-Q stage 0 of three compartments and right pudendal pain improvement for more than 11 months since it was performed.

### Conclusion

Laparoscopic sacral colpopexy is a safe procedure with good anatomic long-term results.

Laparoscopic sacrospinous ligament section is a surgical therapeutic alternative in selected cases with partial response to local infiltration and hydro-distention of pudendal nerve inter-ligament entrapment.

### References

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### Disclosures

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