

DIFFERENT KINDS OF LAPAROSCOPIC SACROCERVICOPEXY AND SACROHYSTEROPEXY

Introduction

The prevalence of symptomatic pelvic organ prolapse ranged from 3 to 11 percent of women. Surgical intervention is indicated for these women if conservative treatment failed. Among the various surgical methods to treat pelvic organ prolapse, abdominal sacrocolpopexy (ASC) is a well-accepted and durable repair for apical vaginal prolapse. Although ASC has a high success rate, there is the inherent morbidity of an abdominal incision with a longed hospital stay and recovery. More and more studies have shown that laparoscopic approach to the procedure has comparable anatomical outcomes with abdominal approach. Laparoscopy affords a quicker recovery and a shorter hospital stay.

Design

We will demonstrate a video containing the procedure of laparoscopic sacrocervicopexy and sacrohysteropexy with Y-mesh for stage III uterine prolapse. We tried another kind of sacrohysteropexy that we separated anterior part of short arm to two proportions and let them surrounded the cervix to provide more power for suspending uterus.

Results

Patients receiving the procedure take the advantages of laparoscopy, such as smaller scars, less blood loss and faster recovery. Preserving uterus or subtotal hysterectomy seemed having less mesh extrusion. Both sacrocervicopexy and sacrohysteropexy lead good results.

Conclusion

In case of dominant apical (or uterine) prolapse, laparoscopic sacrocervicopexy and sacrohysteropexy are ideal surgical options.

Disclosures

Funding: None **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** This study is only a video presentation of two cases **Helsinki:** Yes **Informed Consent:** Yes