

## SACROCOLPOPEXY IS ALWAYS UP-TO-DATE: ROBOTIC-ASSISTED AND UTERUS-SPARING

### Introduction

Sacrocopropexy (SP) has been for years the mainstay for the correction of severe Pelvic Organ Prolapse (POP) and in particular post-hysterectomy vault prolapse. In cases of uterine descent, hysterectomy is often performed, despite the absence of uterine disease and the significance of the uterus in patient's perception of femininity. The addition of hysterectomy to SP increases surgical time and blood loss and prolongs hospitalization, and increases mesh exposure rates. For these reasons there has recently been an increased uptake of SP with uterus preservation. To this trend has contributed the performance of minimally invasive SP either laparoscopic or robot-assisted. We hypothesize that the only way to achieve these results is strict adherence to surgical technique which open, laparoscopic and robotic approaches have in common.

### Design

In our department, 21 women with grade III-IV uterine prolapse, according to the POP-Q quantification system, had robot-assisted uterus sparing SP, since June 2014. The Da Vinci system® was used. The performance of most important surgical steps was recorded. These are:

1. Opening of the posterior peritoneal wall over the sacral promontory and preparation of the promontory following identification and sparing of important landmark structures (middle sacral vessels, the iliac vessels and the right ureter)
2. Extension of posterior peritoneal wall incision along the right uterosacral ligament and preparation of the posterior vaginal wall to the level of the levator ani muscle.
3. Opening of the peritoneal wall over the uterine isthmus and development of the vesico-vaginal space extending distally to the level of the bladder neck.
4. Bilateral opening of broad ligaments, lateral to the uterine cervix.
5. Anchorage of a Y-shaped mesh to the anterior vaginal wall by means of 3 absorbable sutures and passage of the two arms of the Y mesh through the broad ligaments.
6. Anchorage of a rectangular mesh to the posterior vaginal wall by means of 4 absorbable sutures.
7. Anchorage of the meshes to sacral promontory by means of a non-absorbable suture, avoiding excessive tension.
8. Coverage of the meshes by closing the retroperitoneal space

### Results

All 21 women had post-operative grade 0 or I uterine POP-Q corresponding to 100% success rate. The success rate for combined anterior and posterior prolapse correction was 94% and 98% of the patients were satisfied. These excellent functional outcomes are confirmed by the high PGI scores

### Conclusion

The results confirm robotic -assisted SC is an excellent procedure for the treatment of uterine prolapse, not only for the anatomical results but also for functional results and patient satisfaction. The anatomical success rate of 94% and 98% (anterior and posterior compartment) is an optimal result taking into account that all the persistences were asymptomatic, of low stages (I-II) and remained stable in the time. Finally no patient needed reoperation. Despite the short follow-up, our experience is that robot-assisted uterus-sparing sacrocopropexy reproduces the results of the open abdominal approach.

### Disclosures

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