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## **THE FIXATION OF THE APICAL LEVEL I DEFECT BY VASA SURGERY IS NOT ALWAYS A SUFFICIENT TREATMENT FOR A COMPLEX LEVEL I, II AND III PROLAPSE.**

### Introduction

Increasing age and patients demands especially in recurring genital prolaps require an adeaquate recinstruction beyond mere prolapse repair (abdominal and laparoscopic sacrokolpopexy, transvaginal meshes and sacrospinal fixation). Multiple approach is necessary to address the complex (Level I, II, III) prolapse.

### Design

A 67 year old woman after hysterectomy presented with a genital prolapse which included a a total prolapse of the vaginal vault, cystocele grade III, a rectocele grade II-III and a masked stress incontinence.

### Results

A preoperative local estrogen therapy was administered. After routine diagnostics including perineal and vaginal sonography and urodynamics we decided to perform the laparoscopic sacrokolpopexie (vasa surgery). Defects were highlighted vaginally, fixated laparoscopically. Then rest prolapse was addressed by anterior kolporaphy. Due to masked stress incontinence a TVT band was implanted.

### Conclusion

In this case, the simple sacrokolpopexy (vasa surgery) was not a sufficient treatment. Instead, a combination of a laparoscopic and a vaginal approach was necessary.

### Disclosures

**Funding:** na **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** It is not a study but a surgery video. Written consent was obtained. **Helsinki:** Yes **Informed Consent:** Yes