777

Alcalay M[1], Greenshpun A[2], Bitman G[1], Buganim T[2], Goldenberg M[1]
1. *Department of Obstetrics and Gynecology, Chaim Sheba Medical Center, ISRAEL,* ***2.*** *Department of Obstetrics and Gynecology, Pade Poria Medical Center, ISRAEL*

LAPAROSCOPIC SACROCOLPOPEXY– LONG TERM FOLLOW-UP IN A TERTIARY CENTRE

Hypothesis / aims of study

Laparoscopic sacrocolpopexy was firstly described by Nezhat et al (1) in 1994, and since then the reported success rates have exceeded the open approach. Laparoscopic performance of this procedure has several advantages such as better visualization in the deep pelvis and accurate dissection planes (2). However, the procedure requires advanced laparoscopic skills and its introduction as a routine procedure remains elusive to most pelvic floor surgeons. Driven from the idea that surgical consultation to our patients should be combined with honest surgeon self evaluation, we planned to evaluate the results of laparoscopic sacrocolpopexy, its morbidity and long - term outcome, in a tertiary referral centre.

Study design, materials and methods

Between 1/2010 to 12/2015 we performed 75 cases of laparoscopic sacrocolpopexy. All procedures were carried out or supervised by principal author. Polypropylene mesh was used in all patients (Gynemesh or Artysin, Gynecare). All cases were completed laparoscopically, and according to preoperative assessment - different procedures were added such as – 13 mid urethral slings (17.3%), 5 cervical amputations (6.7%), 23 subtotal hystererctomies (30.7%), 7 anterior colporrhaphies (9.3%) and 11 posterior colporrhaphies (14.7%). The patients were followed routinely annually in our urogynecology clinic, and were also recently interviewed for the purpose of this audit. All the medical records, OR charts and outpatient clinic charts were reviewed for data collection. The aim of this study was to evaluate long term follow up of these patients.

Results

Follow up was carried out in 74 out of 75 patients. The mean age of our patients was 55.9 (range: 28-81). Mean followup was 18 months (range: 1-60 months). Sacrohysteropexy was performed in 8 patients (10.7 %) for uterine preservation. One patient became pregnant twice following the procedure and delivered by CS without prolapse recurrence. Central compartment prolapse was cured in all cases, while recurrence of anterior compartment prolapse (>= Grade 2 cystocele) was found in 12 cases (16%), of which only five (6.7%) were symptomatic and needed further surgery. Posterior compartment recurrence was found in 2 cases (2.7%), of whom one patient was symptomatic and needed additional repair (1.3%). Mesh erosion was found in four patients (5.3%), of which 2 treated surgically, and two with local estrogen. De novo stress incontinence that needed surgery was performed on one patient (1.3%). None of our patients needed blood transfusion. Three post-operative serious adverse events were noted – one case of paralytic ileus that was treated conservatively, one case of ureteric obstruction that was treated with double J stent and one case of small bowel injury that needed laparotomy and small bowel repair. Mean operative time was 205 minutes (range: 82-360 minutes).

Interpretation of results

Laparoscopic sacrocolpopexy in our center achieved 100% cure for level I support. During follow-up additional surgical procedures were needed to repair level II support (6 patients), stress urinary incontinence (1 patient) and mesh erosion (2 patients). Three cases of serious adverse events were found and treated successfully.

Concluding message

Laparoscopic sacrocolpopexy was found very efficient procedure for level one defect in our centre. Recurrence at the anterior vaginal wall during followup necessitates vaginal surgical repair in 6.7%. Recent ultrasound study suggested that the recurrence at the anterior wall seems to be related to mesh position and mobility (3).We suggest that further studies should look on the risk factors for this occurrence.

References

1. Nezhat CH, Nezhat F, Nezhat C. Laparoscopic sacral colpopexy for vaginal vault prolapse. Obstet Gynecol 1994;84(5):885–8.
2. Nosti PA, Umoh Andy U, Kane S, et al. Outcomes of abdominal and minimally invasive sacrocolpopexy: a retrospective cohort study. Female Pelvic Med Reconstr Surg. 2014: 20(1): 33-7.
3. Wong V, Guzman-Rojas R, Shek KL, Chou D, Moore KH, HP Dietz: Laparoscopic sacrocolpopexy: how low does the mesh go? International Urogynology J (Accepted for oublication) 2016.

Disclosures

Funding: No conflicts of interest **Clinical Trial:** Yes **Public Registry:** No **RCT:** No **Subjects:** HUMAN **Ethics Committee:** Chaim Sheba Medical Center - Ethical committe **Helsinki:** Yes **Informed Consent:** Yes