

A COMPARATIVE STUDY OF LAPAROSCOPIC SACROCOLPOPEXY AND LAPAROSCOPIC LATERAL SUSPENSION FOR PROLAPSE REPAIR – ONE YEAR OUTCOME.

Malanowska E., MD, Starczewski A., Prof, Brodowska A., Prof, Bielewicz W., PhD

Department of Gynecology, Endocrinology and Gynecologic Oncology of Pomeranian Medical University, Szczecin, Poland

Introduction

Sacrocolpopexy is the gold standard operation for the management of apical pelvic organ prolapse.

Although, it has proven to be a durable technique it is associated with many complications including possible injury to blood vessels, nerves, bladder and bowel.

Laparoscopic lateral suspension described by Dubuisson represents an alternative procedure, a minimally invasive technique, which offers satisfactory treatment results.

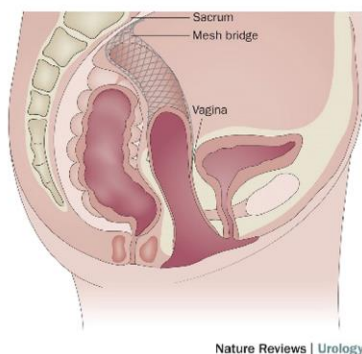


Fig 1. Sacrocolpopexy

Aim

To compare the 1 - year results of laparoscopic sacrocolpopexy and laparoscopic lateral suspension.

Study description

- A one - year retrospective study comparing laparoscopic sacrocolpopexy (LSC) with laparoscopic lateral suspension (LLS)
- The group of 40 female patients (mean age 60 years), who underwent (LSC) (n=20) or (LLS) (n=20) were enrolled in the study.
- LASH procedure was performed in all patients

Inclusion criteria: isolated symptomatic apical compartment prolapse (uterine prolapse stage II and III) with or without posterior descent (POP-Q \geq stage II),

Exclusion criteria: predominant anterior vaginal compartment prolapse, isolated posterior vaginal compartment prolapse, age over 70 years old, prior surgery for pelvic organ prolapse, multiple abdominal operations, advanced cardiovascular disease, chronic obstructive pulmonary disease, active cancer disease.

Assessment tools: POP-Q, QoLquest, PFDI-20, PFIQ-7, PISQ-IR.

Results

LSC VS LLS	LSC n=20	LLS n=20	
Operating time	221,05 min	147,5 min	p<0,05

Fig 2. Operating time (minutes)

Objective anatomic success (POP point C Stage \leq 1) rates were similar between groups after statistical adjustment, 80 % and 85 % after LSC and LLS, respectively.

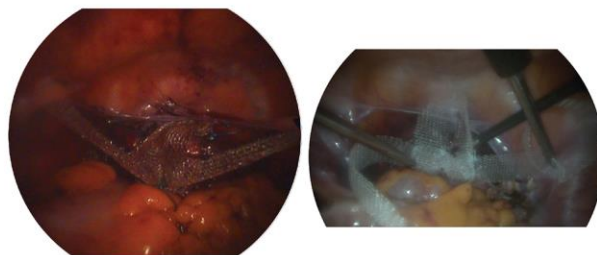


Fig 3. Laparoscopic lateral suspension T- shape mesh

	BEFORE LLS SURGERY PATIENTS %	BEFORE LSC SURGERY PATIENTS %
CII A II	10%	10%
CII A III	50%	20%
CIII A III	40%	70%

	AFTER LLS SURGERY PATIENTS %
C 0	55%
C I	30%
C III	15%

AFTER SURGERY	LSC	LLS
ANT II	50%	10%
ANT III	30%	15%

Fig 4. Anatomical effect (POPQ)

Cystocele recurrence following LSC is common, and it seems that such recurrence is related to mesh position. Compared to LSC, LLS offers the benefit in Level II treatment.

There were no serious peri- or postoperative complications. No mesh erosions have been recognized during the follow up. Postoperative improvement in quality of life has been demonstrated in all patients (PDI-20, PFIQ-7, PISQ-IR)

Concluding message

- Laparoscopic lateral suspension is an interesting alternative for laparoscopic sacrocolpopexy and promising method for apical prolapse treatment
- Prospective controlled trials comparing this technique with laparoscopic sacrocolpopexy are necessary.
- This requires further discussion whether it is beneficial to develop techniques that reliably extend sacrocolpopexy mesh to the bladder base.

Disclosures Statement

None external funding or grants was received for this study

References

1. Treatment of genital prolapse by laparoscopic lateral suspension using mesh: a series of 73 patients. J Minim Invasive Gynecol. 2008 Jan-Feb;15(1):49-55. doi: 10.1016/j.jmig.2007.11.003. Dubuisson JB1, Yaron M, Wenger JM, Jacob S.
2. Prise en charge laparoscopique des prolapsus génitaux par suspension latérale au moyen d'une prothèse : une série de 377 cas. Rev Med Suisse 2011; 2084-2088 Isabelle Eperon, Carine Luyet, Michal Yaron, Jean Dubuisson, Jean-Bernard Dubuisson