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.

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 ≥ 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

<table>
<thead>
<tr>
<th>LSC vs LLS</th>
<th>LSC n=20</th>
<th>LLS n=20</th>
<th>Operating time</th>
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<tbody>
<tr>
<td></td>
<td></td>
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<td>221.05 min</td>
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<td></td>
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<td>147.5 min</td>
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<td>p=0.05</td>
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Fig 2. Operating time (minutes)

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

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
