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ROBOTICALLY ASSISTED LAPAROSCOPIC HIGH UTEROSACRAL VAULT SUSPENSION FOR TREATING APICAL DEFECT DURING HYSTERECTOMY FOR UTERINE PROLAPSE.

Introduction

There are many procedures to treat apical defect in pelvic organ prolapse (POP) with or without associated hysterectomy. This condition may be treated laparoscopically with mesh, or vaginally without mesh and high uterosacral ligament suspension (ULS) or sacrospinous ligament fixation (SSLF). Ureteral injury is one of the main risks of high uterosacral vault suspension performed vaginally. Hysterectomy is a risk factor for mesh erosion in mesh reconstructive surgery. In this video, we present a case of robotically assisted hysterectomy with treatment of apical defect by high uterosacral vault suspension.

Design

Our video presents the case of a 51 years old patient, gravida 3- para 2, with history of ectopic pregnancy and laparoscopic myomectomy ten years ago. She was referred to our clinic for POP stage 3 and myomatous uterus. She was symptomatic with pelvic tenderness and discomfort. On clinical examination, there was an apical POP with a uterine enlarged cervix overpassing the hymen by 3 cm due to pericervical fascial defect. Ultrasonography showed an enlarged uterus with two myomas of 4 and 2 centimeters.

Results

We used the Da Vinci Xi robot with an 8 mm umbilical port for a 0° optique and two 8 mm lateral ports for the instruments. The Hohl uterine manipulator was used to expose the uterus. We performed a standard hysterectomy and closed the vaginal vault with four Vicryl 0 X points. We then suspended the vaginal vault bilaterally to the distal and middle part of the uterosacral ligaments by two Vicryl 0 sutures. Both ureters were clearly identified during the procedure. At the end of the procedure, cystoscopy confirmed bilateral integrity of the ureters. The postoperative period was uneventful.

Conclusion

Our video demonstrates that in case of apical defect combined with uterine pathology, laparoscopic high uterosacral vaginal vault suspension may be an alternative treatment to the traditional vaginal route, lowering the risk of ureteral injury. It may also replace the use of mesh during laparoscopic treatment for uterine prolapse, therefore avoiding the high risk of mesh erosion associated with hysterectomy during POP repair. Robotic assistance is not mandatory, but it offers a better view with 3 dimensional imaging and is very easy suturing.

Disclosures

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