

766

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## **EXTRA-PERITONEAL LAPAROSCOPIC COLPOSUSPENSION (EP-LC)FOR WOMEN WITH STRESS URINARY INCONTINENCE.**

### Introduction

Laparoscopic colposuspension has been shown to be equivalent to the open procedure in Cochrane reviews(1), however, it did not catch momentum due to the technical demand of the procedure the emergence of tension-free vaginal tapes (2) .

### Design

We present short-term follow up of the first 16 procedures performed by a simplified extraperitoneal approach. Data were extracted from BSUG national database.

Veress needle is introduced above the symphysis to insufflate 1L of CO<sub>2</sub> into the retropubic space (RS). Umbilical trocar introduced and rectus sheath is pierced midway between the umbilicus and the symphysis pubis. Recti are separated and the 'cob-web' of gas will guide the scope to RS. Two 5-mm trocars are introduced 2 cm above and 1 cm lateral to pubic tubercle. Using the usual perineo-abdominal approach, the vagina at the level of the bladder neck is dissected and attached to Cooper's ligaments with 2 non-absorbable sutures on each side. Straight needles with integrated knot-pusher are used. Data were extracted from BSUG national database.

### Results

16 procedures were performed over 18 months. 11/16 had pure and 5/16 had mixed incontinence. Mean BMI: 30.5 and mean age: 45.5. One patient required repair of bladder injury via laparotomy with no consequences. 3-month postoperatively, 15 patients were dry and 1 had persistent SUI. One patient developed denovo urgency and one required rectocele repair.

### Conclusion

EP-LC procedure appears to be a valid minimally-invasive alternative for women with SUI.

### References

1. Cochrane review.July 2006.
2. BJOG.2006; 113; 985-987

### Disclosures

**Funding:** None **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** Ethics approval not required **Helsinki:** Yes **Informed Consent:** Yes