

MODIFIED TRANSVAGINAL APPROACH TO REPAIR CISTOCELE DUE TO PARAVAGINAL DEFECT

Hypothesis / aims of study

To describe our modified surgical technique, clinical experience, efficacy and safety in the treatment for cystocele due to paravaginal defect.

Study design, materials and methods

36 patient with stage II to IV of cystocele with bilateral paravaginal defects classified by pelvic organ prolapse quantification (POP-Q) were operated between 03/2013-12/2014. The technique of paravaginal repair was standardized with transvaginal entrance in the middle line of vagina until paravaginal space, opened bilaterally, exposed the area of the arcus tendineus (AT), placing first site-specific suture in the defect. After that placing 3 non absorbable sutures around AT (anterior, middle and posterior zone near to the ischial spine) and fixed to the other side of AT. Tying of these sutures resulted in elevation of the lateral groove and anterior vaginal wall.

Demographic data, preoperative evaluation, intraoperative parameters, and postoperative course were reviewed.

Results

The technique of paravaginal repair was performed in 36 patients. 23 patients showed up medial cystocele, a purse-string suture was done, before tying the lateral stitches, 21 patients had coexisting stress incontinence, and was performed sub urethral sling and in 11 patient had coexisting apical defect and performed sacrospinal bilateral fixation with uterus.

Mean age of the patients was 62 years (range 42-78).

The average operative time was 35 min (lateral fixation) and estimated blood loss was 100 ml.

Postoperatively complications: 1 case of partial bilateral ureteral obstruction, diagnosed 7 days after surgery, needed bilateral catheterisation with completed recovery after 12 weeks, was due to excessive purse-string suture.

Patients were followed up for 3 years after surgery (1, 6, 12, 24, 36 months). We Founded two patients with asymptomatic cystocele stage I as POPQ system.

Our anatomical objective cure rate was 94%.

Quality of life and symptoms scores were compared before and after surgery, Pelvic Organ Prolapse Impact Questionnaire (POPIQ-7) scores showed significant improvement.

Interpretation of results

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Concluding message

Our technique for paravaginal repair can restore to the normal position and give extra support for the vaginal wall, provides adequate exposure to the relevant anatomy and good clinical results. Is a safe and effective option in the surgical correction of vaginal wall prolapse due to a paravaginal defect. the non absorbable stitches lying side by side gives resistance and perdurability.

Disclosures

Funding: There is no financial contribution **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** not required **Helsinki:** Yes **Informed Consent:** Yes