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"VIDEO DEMONSTRATION"—PARAVAGINAL PLUS BURCH PROCEDURE —
A LAPAROSCOPIC APPROACH TO ANTERIOR VAGINAL WALL
RECONSTRUCTION

AIMS OF STUDY: To present a laparoscopic approach to anterior vaginal wall reconstruction utilizing a paravaginal repair coupled with a modified Burch urethropexy. **METHODS:** Open laparoscopy is performed at the infraumbilical site. Three other access ports are placed under direct visualization. A transperitoneal approach is taken to gain access to the space of Retzius. The anterior vaginal wall and its paravaginal defects are identified. Using intracorporeal needle placement and extracorporeal knot tying nonabsorbable sutures are placed in a conventional manner. The paravaginal repair is utilized for support of the anterior vaginal wall proximal to the urethral vesical junction and the Burch urethropexy distal to the vesical neck. We average 6 sutures for the paravaginal repair and 4 sutures for the Burch urethropexy. Cystoscopy is performed to assure no breach of lower urinary tract integrity. **RESULTS:** We have performed more than 150 laparoscopic paravaginal plus modified Burch urethropexy procedures with a major complication. We routinely perform the procedure in less than 75 minutes as was recently demonstrated via live telesurgery to Monaco for the First International Symposium on Incontinence. **CONCLUSION:** A laparoscopic approach to anterior vaginal wall reconstruction as described above has minimal morbidity and appears to have clinical outcomes equivalent to similar operations performed via laparotomy. The laparoscopic approach to the paravaginal plus Burch urethropexy is a viable operation for patients with genuine anatomic stress urinary incontinence and anterior vaginal wall relaxation due to a break in the lateral support of the vaginal wall. This operation can be performed concomitantly with other laparoscopic extirpative and reconstructive surgical procedures.