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Title (type in CAPITAL LETTERS)	UTEROSACRAL LIGAMENT VAGINAL VAULT SUSPENSION IN THE TREATMENT OF UTEROVAGINAL VAGINAL APEX PROLAPSE

Aims of Study: To examine the safety, anatomic, and functional success of the uterosacral ligament vaginal vault suspension in the surgical management and prevention of advanced uterine and vaginal vault prolapse.

Methods: A retrospective chart review was conducted on seventy-five consecutive patients with complex pelvic organ prolapse and/or urinary incontinence who underwent a bilateral uterosacral vaginal vault suspension as part of the reconstructive procedure. 41 of the 75 patients were available for a complete postoperative site specific evaluation of pelvic support and measurement of vaginal length. The Baden halfway system was used to quantify prolapse. The exam was performed postoperatively with the patient in the supine position, during valsalva. Postoperative qualitative analysis was performed using a survey assessing sexual, bowel, and bladder function. 32 of the 37(86%) patients had their suspension done vaginally with the remaining 5 (14%) patients having it done abdominally. All vault suspensions were done as a primary procedure. Follow-up time ranged from 3 to 19 months.

Results: The mean length of follow-up was 10 months. During a valsalva maneuver no case of vaginal apical prolapse greater than grade one was found. 37 of 41 (90%) patients had preoperative vault prolapse. Postoperatively, the mean vaginal length was 6.4±1.6cm (range 2 to 10 cm). During the postoperative examination 2 patients were found to have significantly foreshortened vaginas. 8 (20%) patients had an isolated site of pelvic relaxation of grade 2 or greater. 3 (7%) of the eight cases were of new onset. Complications occurred in 5 of the 75 patients. Subjectively, the reconstructive procedures did not show a negative effect on either sexual activity or the incidence of dyspareunia.

Conclusion: The uterosacral vaginal vault suspension is a safe and effective, anatomically correct site-specific repair for vaginal vault reconstruction, which allows the maintenance of urogenital function.