



## Abstract Reproduction Form B-1

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LAPAROSCOPIC VAGINAL VAULT SUSPENSION UTILIZING THE  
UTEROSACRAL LIGAMENT FIXATION FOR UTERINE AND VAGINAL  
VAULT PROLAPSE

### Aims of Study:

The purpose of this study was to determine the functional success, safety, ease of use, and recovery utilizing the uterosacral ligaments for the correction of complex uterine and vaginal vault prolapse by the laparoscopic route.

### Method:

70 women with uterine or vaginal vault prolapse with complex prolapse (stage II or greater) were treated between 1994 and 1998 by two surgeons with bilateral attachment of the uterosacral ligaments to the pubocervical fascia/rectovaginal septum of the vaginal cuff by the laparoscopic route. Concomitant repairs of co-existing pelvic support defects were completed during the same operation. High rectoceles, enteroceles, vaginal vault prolapse, paravaginal and transverse cystoceles and GUSI were treated laparoscopically. All other defects were treated vaginally. Results were studied by both repeat pelvic examinations and follow up questionnaires.

### Results:

Uterosacral ligaments were found and utilized successfully in all 70 consecutive patients without any subsequent failure with a maximum following of four years. Complications consisted of two patients with erosion of woven Ethibond sutures of the vaginal apex; two anterior enteroceles early on, four post op intrinsic sphincter deficiencies subsequently treated with collagen successfully, one aborted laparoscopic attempt secondary to severe bowel adhesions, and two patients with dyspareunia.

### Conclusion:

In all 70 women, the uterosacral ligament could be identified and safely utilized in the repair of significant uterine vaginal vault prolapse without subsequent failure of vaginal vault prolapse 6 - 60 months after surgery. It also allows for safe uterolysis separating of the uterosacral ligament from the ureter, decreasing risk of a kinking injury to the ureter. In all cases, the uterosacral ligament breakage was at the level of the cervix or vaginal vault, not on the sacral side. Laparoscopic repair of vaginal vault prolapse utilizing uterosacral ligaments offers another safe and successful method to the correction of prolapse problems.