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Title (type in CAPITAL LETTERS)	VAGINAL 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 correction of uterine and vaginal prolapse by the vaginal route.

Methods:

60 women with uterine and/or vaginal vault prolapse (stage II or greater) were treated between 1994 and 1998 by two surgeons with attachment of the uterosacral ligaments to the pubocervical/rectovaginal septum of the vaginal cuff. Concomitant repair of co-existing pelvic support defects were completed during the same operation. 36 women had vaginal hysterectomies, 35 had enterocele repairs, 28 had anterior colporrhaphies, 38 had posterior colporrhaphies, 7 had laparoscopic Burch procedures, 13 had B/L needle urethropexies. 7 had laparoscopic paravaginal repair. Results were studied by repeat pelvic exams and follow up questionnaires.

Results:

Uterosacral ligaments were found and utilized successfully in all 60 patients. Complications consisted of three patients who experienced breakdown after surgery. One had rectal prolapse, one had anterior enterocele, and one stated in the questionnaire that "something" was protruding in her vagina (was a referring doctor's patient). Three other patients developed urge incontinence which they had not had previous to surgery. One ureter obstructed and reimplanted on vaginal hysterectomy and uterosacral vault suspension.

Conclusions:

In all 60 women, the uterosacral ligament could be identified and safely utilized in the repair of significant uterine/vaginal vault prolapse. One patient developed subsequent vaginal vault prolapse. Three developed urge incontinence, probably unrelated to the vaginal vault suspension. These results are over a 6 - 60 month period. Vaginal repair of vaginal vault prolapse utilizing the uterosacral ligaments offers another safe and successful method for the correction of prolapse problems. The repair is anatomically correct.