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titution y untry	Bnai Zion Medical Center, Israel&UCLA, USA*,& San Paolo Hospital Italy #
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(hana in	VALLT PROLAPSE REPAIR USING A NEW FASCIAL ANCHORING SYSTEM

<u>Aims of Study</u> This ongoing study is designed to evaluate the effectiveness of a new fascial anchoring system for the repair of advanced pelvic organ prolapse by fixation to the sacrospinous ligament.

Methods The Straight Raz Fascial Anchoring System<sup>TM</sup> (Influence, Inc., San Francisco, CA). includes a 14.5 mm titanium anchor with attached No.1 Polypropylene sutures and an stainless steel inserter designed to limit the penetration depth of the anchor to 7 mm. With the patient in the lithotomy position, the posterior vaginal wall is opened, dissection is carried on until the sacrospinal ligament and ischial spine can be palpated. With the finger put two cm. medial to the ischial spine the anchor loaded inserter is advanced along the palpating finger until it perforates the sacrospinous ligament. Pressing the release button causes deployment of the anchor into the ligament. The attached sutures are then used for sacrospinal fixation.

<u>Results and Conclusions</u> Eight women who had pelvic organ prolapse to or beyond the hymen underwent the procedure. Patient's mean age was 66 (range 41-80). Additional procedures done at the same session included two hysterectomies, two anterior colporrhaphy, three colpoperineoplasty, two cystourethropexy and one sling procedure. Follow up time ranged from two to twelve months (mean 7 months). Operative and postoperative courses are uneventful. One patient developed recurrent prolapse to or beyond the hymen.

This new Straight Raz Fascial Anchoring System<sup>TM</sup> is a useful adjunct in the performance of sacrospinal fixation for the treatment of advanced pelvic organ prolapse.