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SACROHYSTEROPEXY WITH SYNTHETIC MESH FOR THE MANAGEMENT OF UTEROVAGINAL PROLAPSE

Aims of study

The successful surgical management of symptomatic uterine prolapse with retention of the uterus in a young woman creates a special problem and challenge. Operative procedures for this situation have included fixation of the uterine vault to the undersurface of the abdominal wall (ventral fixation/hysteropexy), transvaginal uterosacral ligament fixation to the sacrospinous ligament and laparoscopic uterine suspension by suturing round ligaments to the rectus sheath. All of these have disadvantages. The aim of the study was to evaluate the long-term results of sacrohysteropexy with Teflon mesh for treatment of uterine prolapse in women who wish to retain their uterus.

Methods

In a prospective observational study thirteen consecutive women with uterovaginal prolapse wishing to retain their uterus were operated on by one surgeon in a tertiary referral urogynaecology unit. Teflon mesh was attached to the uterine isthmus and to the anterior

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longitudinal ligament of the first or second sacral vertebra in a tension free fashion. The main outcome measures were subjective and objective cure of uterine prolapse and operative and post-operative complications. Evaluation was through a structured questionnaire, physical examination and appropriate urodynamic studies. All definitions conform to the International Continence Society (ICS) Standards. Statistical analysis was performed on the paired observations for each woman before and after the operation. For a given symptom, the proportion of women who improved was calculated where improvement was defined as reduced severity of the symptom reported after the operation compared to before the operation. The estimated proportion is given with a 95% confidence interval.

Results

The mean age of the women was 38 years (range 27 – 60). Eight women were multiparous. Twelve women had second degree uterine prolapse and one woman had third degree uterine prolapse. Mesh was extended to correct a cystocele in one woman and a rectocele in three women. In four women a colposuspension was performed at the same time.

There were no intra- or post-operative complications. The mean follow up time was 16 months (range 4 – 49). At follow-up only one woman had a first-degree uterine prolapse. A total of seven women (53.8%) reported constipation, which had been experienced pre-operatively by four women (30.8%).

Conclusions

We consider the sacrohysteropexy with Teflon mesh a safe, effective durable surgical procedure for the management of uterovaginal prolapse in young women and those who desire to retain their uterus.