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PERCUTANEOUS VAGINAL COLPOSUSPENSION (P.V.C.): A SIMPLE AND RELIABLE TECHNIQUE FOR STRESS URINARY INCONTINENCE AND CYSTOCELE

Aims of Study: The procedure concerning this presentation requires only a metal, not a disposable, therefore cheaper, shafted needle. It is performed only by a percutaneous approach. The operation lasts about 15 minutes, in epidural or local anaesthesia, with discharge in 24 hours and cost free.

Methods: The finger of the surgeon in the vagina checks the Cooper ligament and guides the needle to pass behind it. Then it reaches the vagina where it takes a double, not reabsorbable suture, like prolene 0. The needle rises up with the suture just above the ligament and crossing it, returns with the double suture, in the vagina at least 3 cm proximally. The same is performed on the opposite site. With a large size triple knot, getting a wide vaginal contact, a tension free bilateral suspension is obtained. The technique cures incontinence related to bladder neck hypermobility but also urethrocyстоcele within the 2° degree. A more severe prolapse can also be repaired by this procedure, suspending with half of the bilateral double suture, an autologous vaginal mesh or of donor fascia lata, reinforced by the anterior colporaphy.

Results: our experience is of 34 pts (age range 42-68) (follow up 1-3 years) and no failures were reported even if four patients prefer to wear a daily minipad because of a minimal leakage under severe efforts. Passing through the bladder, vaginal bleeding, urge-frequency syndrome or Retzius haematoma are possible, even if very rare complications.

Conclusions: The procedure bases its effectiveness on the ability of the new structures made up by the fibrosis, to create a vertical bilateral stirrup, hanging from the Cooper, to suspend the vagina. Indeed a reliable procedure, simple, effective, safe and free of charge. It takes just the time to change a pad, but it is cheaper and for ever.