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Title (type in CAPITAL LETTERS, leave one blank line before the text) THE ILIOCOCYGEUS HITCH (IH) FOR VAULT PROLAPSE (VP).
<p>AIM OF STUDY VP is a common occurrence after hysterectomy. Procedures abound for its treatment including the sacrocolpopexy and sacrospinous fixation. However, they may cause vascular or neurological sequelae and new onset cystocele while also shortening the vagina axis. We present a less commonly utilised vaginal procedure for VP, the IH, which minimises these shortcomings.</p> <p>Methods: All patients underwent multichannel urodynamics with their prolapse reduced to ensure there is no concomitant stress urinary incontinence. The patient is placed into a modified lithotomy position. The vagina is prepped with betadine solution and is draped in a sterile conventional manner. The vault is incised vertically and the right ischial spine palpated. A Navratil-Breisky retractors are used. A 1-0 polydioxanone (PDS) suture is inserted medial and caudal to the right ischial spine into the iliococcygeus fascia. Correct placement is determined by the strong feel of the tissue anchored by the suture. The suture is then placed full thickness through the vaginal skin on the right side of the vault. The entire procedure is repeated on the patient's left side. The excess vaginal skin is trimmed and closed with continuous locking 1-0 vicryl. The IH stitches are then tied to reapproximate the vault to its normal situation. A urethral catheter is placed for 24-48 hours. Additional surgery can include an anterior/posterior repair and vaginal hysterectomy.</p> <p>Results In our one-year experience with the IH we have not encountered any recurrence of VP or new onset cystocele. One patient developed right sciatic pain attributed to positioning during surgery and resolved six weeks postoperatively. No other neurological or vascular sequelae were encountered.</p> <p>Conclusion: The IH is a safe and effective alternative to sacrocolpopexy or sacrospinous fixation for VP. It is performed without close proximity to any major nerve or blood vessel and may result in less morbidity.</p>