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SACROCOLPOPEXY WITH ANTERIOR AND POSTERIOR POLYTETRAFLUORETHYLENE MESH EXTENSIONS.

Aim of Study: We present an abdominal approach to treat vault prolapse (VP) with concomitant cystocele or rectocele using Teflon-Bard (polytetrafluorethylene) mesh.

Methods All patients underwent multichannel urodynamics with their prolapse reduced to ensure there was no concomitant stress urinary incontinence. The patient is placed in a modified lithotomy position with the legs in Allen stirrups. A 14 F foley catheter is inserted into the bladder. A Hegar dilator is placed to position the vaginal vault. A 10-12 centimeter (cm) Pfannenstiel incision is made and a ring retractor is utilized. The posterior vaginal wall (PVW) is dissected from the rectum down to the perineal body. A 4x20 cm teflon mesh is sutured distally to the PVW with 1-0 Ethibond and to the lateral edges of the perineal body bilaterally, alongside the vault (VV) and midway in between. If there is a cystocele, the base of the bladder is mobilized off the anterior vaginal wall (AVW). Another 4x20 cm teflon mesh is sutured to the AVW and VV. The peritoneum overlying the sacral vertebra S₁₋₃ is incised in the midline. The anterior longitudinal ligament (ALL) is identified between S₁₋₃ and two stitches of 1-0 Ethibond are inserted. The length of the mesh is gauged so that it lies on the curve of the sacrum without tension and excess mesh is then trimmed. The mesh is then sutured to the ALL and the peritoneum is closed over it with 1-0 vicryl. A pelvic drain is inserted and the abdomen is closed. A foley catheter is placed for 48 hours.

Results: There were forty patients with a minimum follow up of 12 months. All had stage 2 or more vault prolapse. Postoperatively, only 4 had grade 1 vault prolapse there were no cases of grade 2 or grade 3 vault prolapse. Two patients developed de novo stress incontinence. Apart from this, there were no significant operative or postoperative complications.

Conclusions: Sacrocolpopexy provides excellent reduction of vault prolapse without significant complications.