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SHAW COLPOSUSPENSION FOR THE TREATMENT OF VAGINAL VAULT PROLAPSE.

Synopsis of Video

Technique description. Under general anaesthesia, we do a Pfannenstil incision and dissect the cutaneous tissue from the fascial sheath of rectus abdominis and the aponeurosis of external oblique abdominal muscle. Consequently, we open the peritoneal cavity and identify the vaginal vault. We cut in the superior lip of our incision in the rectus abdominis sheath a band about 0.7 cm thick. We begin in the midline with a transverse direction up to the border of external oblique abdominal muscle in both sides. In this way we have two bands of fascial tissue one on each side of anterior abdominal wall, attached in the periphery to aponeurosis of external oblique abdominal muscle. We grasp with a Kocher the tip of the fascial band in one side and we pass it through the lateral border of the ipsilateral rectus abdominis muscle, retroperitoneal up to the vaginal vault. We do the same on the other side. We dissect the peritoneum from the vaginal vault and put two non-absorbable sutures between the tip of the fascial band and the vaginal vault, repeating the same with the fascial band of the other side. We close the peritoneum, covering the vaginal vault. Finally, we close the peritoneal cavity and the anterior abdominal wall.