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CADAVERIC FASCIA LATA REPAIR OF VAGINAL VAULT PROLAPSE, ENTEROCELE AND CYSTOCELE WITH TRANSVAGINAL SLING (CAVVERS PROCEDURE)

Synopsis of Video

Over forty different techniques for the repair of vaginal vault prolapse have been described. We present a unique transvaginal technique for the correction of combined anterior and apical compartment prolapse using a cadaveric fascia lata patch.

Technique

A rectal pack is placed. When vaginal hysterectomy is performed, the uterosacral ligaments are tagged. After prior hysterectomy, the vaginal apex is marked with sutures and incised in the midline. The enterocele sac is dissected and opened. Bowel is packed cephlad. In a high intraperitoneal position, number 1 Prolene sutures are passed into the levator-uterosacral ligament complex on each side. Sutures are tied and tagged for later vaginal vault suspension/enterocele repair. Indigo carmine and cystoscopy confirm ureteral patency.

The cystocele is dissected and endopelvic fascia perforated. A 6 X 8 cm piece of non-frozen cadaveric fascia lata is cut in a T-configuration. The sling portion is secured with transvaginal bone anchors. The remainder of the fascial patch is secured laterally to levators to repair the cystocele defect. The previously placed uterosacral complex sutures are then passed through the deepest posterior corners of the fascial patch. Thus, the patch closes the cul-de-sac and repairs the enterocele defect with strong cadaveric tissue. No purse-string enterocele closure is required. These same sutures are then passed through the vaginal wall at the apex securing vaginal vault suspension.

36 women underwent CaVVERS procedure. With a mean follow-up of 9 months (maximum 18 mos) 88% (32/36) had no recurrent prolapse. Recurrent apical prolapse developed in 8% (3/36).

Conclusions

With early follow-up, the transvaginal repair of vault prolapse/enterocele with a cadaveric fascial patch is encouraging.