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THE USE OF ACELLULAR MATRIX GRAFT IN THE CORRECTION OF SUI COMBINED WITH HIGH-GRADE CYSTOCELE

Synopsis of Video

Correction of SUI accompanying anterior vaginal wall prolapse is the subject matter of many techniques. While retropubic suspension procedures were accredited with a 5-year cure rate of 80-90%, needle suspension procedures has a cure rate of 60% . Pubovaginal fascial sling provided cure for type II and II SUI of 88% at similar follow up. Fascial sling is considered the gold standard treatment of SUI. When both stress incontinence and cystocele are co-existing, a combination of sling and cystocele repair is contemplated.

In this video, a technique for correction of stress incontinence and grade VI cystocele is described. An acellular matrix xenograft (Pelvicol ®) was used. T shaped vaginal incision is made, dissection of the bladder off the vaginal wall, down to the cervix uteri. Pubococcygeus muscle and arcus tendineus levator ani are exposed. A T shaped piece of the graft material is utilized. Sutured at first to the arcus tendineus fascia pelvis, on both sides, by 6 interrupted sutures as well as to the body of cervix uteri. Then, the distal thin limb of the “T” is tacked with two sutures, transferred to the suprapubic region, through a small Pfannensteil incision. They are tied in front of the rectus sheath, as a classical sling. Vaginal pack is left for 2 days, urethral catheter for 5 days and oral antibiotic for 1 week.