

LAPAROSCOPIC SACROCOLPOPEXY IN THE TREATMENT OF VAGINAL VAULT PROLAPSE . RETROSPECTIVE STUDY OF 57 CASES.

Aims of Study

Vaginal vault prolapse is a significant longer- term complication in patients undergoing hysterectomy(1).

An important cause is generally acknowledged to be weakness in the uterosacral cardinal ligament complex(1).The late David Nichols(1) summarized the surgical challenge associated with vaginal vault prolapse, the need for axial repair, the conservation of vaginal form and function, and the requirement to repair coexisting cystocele, rectocele and enterocele. The aim of this study is to evaluate the results of the laparoscopic sacrocolpopexy using a polypropylene mesh.

Methods

We performed laparoscopic sacrocolpopexy on 57 pts who presented a prolapse of the vaginal vault between the II and the IV degree according to HWS classification. The mean age was 65 (range 58-76) with variable parity. The vaginal vault prolapse was present after abdominal hysterectomy in 33 pts.(59%) and after vaginal hysterectomy in the remaining 24 pts. (42%). 8pts(14%) presented a vault prolapse of I° degree, 16pts.(28%) of II° degree, 15pts.(26%) of III° degree, 18 pts.(31.6%) of VI° degree. They were also affected by different degree of cystourethrocele and rectocele, respectively 45 pts. (79%) and 40 pts. (71%).Moreover 40 pts.(70.2%) were also affected by SUI type II . All the women underwent a complete urogynecological work up (Q tip test, Vaginal profile, Pad test, Stress test, Urodynamic investigation and Urethrocinostocopy). We used a polypropylene mesh modelled in a y shaped to repair a vaginal vault prolapse fixed with a no reabsorbable suture (Ethibond) respectively to the anterior and posterior vaginal wall. The tail of the y is fixed to the sacral ligament. In patients with rectocele we positioned a mesh in rectovaginal space until to pubo- coccigeo muscle to substitute recto-vaginal septum. In those pts. with SUI we performed colposuspension according to Burch and in those ones with cystocele and paravaginal defect we associated a paravaginal repair.

Results

The mean operating time was 118 min. (range 90-150 min.). Intraoperative complications were: 2 bladder injuries and 1 sigma perforation (5%; all laparoscopically repaired). Post-operative complications were: 2 lumbosciatica, 2 de novo instability, 1 vaginal haemathoma, 3 cases of minimal dispareunia. Mean hospital stay was 3 days (2-7d). Our goal is to analyse the results after five year follow-up. In this moment we have reached a 48 months follow-up : the cure of vaginal vault prolapse was 88%(50 pts), of SUI was 68% (39 pts) and of rectocele was 88%(50 pts). No erosions were reported.

Conclusions

Laparoscopic sacrocolpopexy is the first choice procedure for the treatment of vaginal vault prolapse. Is a feasible method that allows to fully exploit of the advantages of laparoscopy.

References

1: Nichols DH, Randall CL, Massive eversion of the vagina 328-357. In: Nichols DH, Randal CL eds, Vaginal surgery. 3rd edn. Baltimore: William –Wilkins,1989.