LAPAROSCOPIC Y-MESH SACRALCOLPOPEXY FOR VAGINAL VAULT PROLAPSE

Synopsis of Video

Objectives
To demonstrate via an educational video the surgical technique of laparoscopic repair of severe vaginal vault prolapse utilizing a Y-mesh sacral colpopexy and 3 different options for securing the mesh to the pre-sacral ligament.

Methods
This video demonstrates the surgical technique of a laparoscopic approach to treat vaginal vault prolapse utilizing polypropylene mesh fashioned in a Y-shape for attachment to the vaginal apex and 3 different options for securing the mesh to the anterior sacral ligament: traditional suturing, a laparoscopic hernia tacker and a wire loop suturing device. Our laparoscopic technique reproduces the traditional approach to sacral colpopexy via laparotomy. Laparoscopic views and medical illustrations are used throughout the video to demonstrate anatomy and surgical technique. Patients presenting with primary or recurrent grade III to IV vaginal vault prolapse are considered candidates for this technique. A transabdominal approach via laparoscopy with traditional port placement is used. An EEA sizer is then placed in the vagina to elevate the vaginal apex up into the pelvis. Laparoscopically the bladder is dissected off of the vagina and the rectovaginal space is entered to dissect the rectum away from the posterior wall of the vagina. The anterior segment of the Y-mesh is attached to the anterior vaginal apex using 6-8 permanent sutures and the other segment of the “Y” is attached with 8-10 sutures. The pre-sacral space is opened and the anterior sacral ligament is isolated. Following attachment of the mesh to the sacrum, the mesh is then retroperitonealized.

Results
The case demonstrated in the video took less than 60 minutes to complete, blood loss was less than 50cc and there were no complications. The patient was discharged from the hospital in 23 hours, has had no post-operative complications and is cured of vaginal vault prolapse. Patients undergoing a laparoscopic approach to sacral colpopexy benefit from having an identical procedure of one that is typically done via laparotomy, with all the inherent benefits of laparoscopy which typically includes a decreased risk of infection, decreased pain, shorter hospital stay and recovery.

Conclusion
This video demonstrates the surgical technique of laparoscopic sacral colpopexy utilizing a Y-shaped mesh. It is a technique that can be performed rapidly and safely by experienced laparoscopic pelvic surgeons with excellent clinical results and minimal morbidity. It has become our standard method to treat severe vaginal vault prolapse.