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De Vita D[1], Santinelli G [2], Greco E [3], Docimo G [4], Schiavo M [5], Sirimarco F[6], Docimo L[4], D'Armiento M[5]

1. Department of Obstetric-Gynaecology S. Francesco Hospital, Oliveto Citra, Salerno, Italy , 2. Department of Obstetric-Gynaecology, S. Francesco D'Assisi Hospital, Oliveto Citra, Salerno, Italy, 3. Department of Obstetric-Gynaecology, University Federico II, Naples, Italy, 4. Department of General Surgery, 2nd University, Naples, Italy, 5. Department of Urology, 2nd University, Naples, Italy, 6. Department of Obstetric-Gynaecology, Cardarelli Hospital, Naples, Italy

CONSERVATIVE TREATMENT OF II AND III DEGREE UTERO-VAGINAL PROLAPS WITH TRANSOBTURATOR SUSPENSION OF BLADDER AND UTERUS AND WITH POSTERIOR IVS (TRIPLE OPERATION FOR PROLAPSE USING PROSTHESES)

Synopsis video

The film shows the efficacy of triple operation for prolapse using prosteses with transobturator (obtape, *Porges-Mentor*) under bladder (trigonal level), associated with infracoccygeal sacropexy (posterior IVS, *Tyco-healthcare*) in the conservative surgery of second-third degree utero-vaginal prolapse. This vaginal approach in the treatment of pelvic floor defects is the first application of the tension-free vaginal tape principle to the anterior, central and posterior part of the vagina. This innovative approach is based on integral theory of Papa Petros. The possibility to preserve uterus, where possible, introduces the concept of conservative surgery of pelvic floor. Infact, pelvic floor prolapse (cystocele, uterus prolapse and rectocele) is a frequent disease in postmenopausal period, characterized by anatomic and functional change, with pelvic support and suspension mechanisms. The simple access to transobturator forame, the easy way to use tunneller, minimizes vascular, visceral and nervous lesion risk and it also ensures functionality in the long term. For these reasons transobturator obtape diffonded rapidly in other pathological condictions of pelvic floor.

A 39 year's old patient, with II degree uterus prolaps, cistocele and rectocele, was operated with triple operation for prolapse using prostheses, with transobturator access for the correction of cistocele associated to posterior IVS. Vertical incision of the anterior vaginal and cervical wall, that goes through all the skin of the vagina, and the pubocervical fascia. Mark the lower medial part of the obturator foramen and make a puncture incision under this zone. This incision should be 0.5 cm lower the urthral meatus, bilaterally. Introduce the tunnelling tool through this incision, first passing perpendicular to the perineum for 15 mm (crossing the internal obturator muscle just outside the ischiopubic ramus), then advance the tunnelling tool along a curve, guided by a finger applied laterally to the bladder in the recess between the vaginal wall and the vaginal part of the cervix. Once the tip of the needle has crossed the lateral part of this recess (without perforing it), advance it towards the vaginal incision. Introduce the end of the tape into the eye of the tunnelling tool and put the tape into positioning the centra part in contact with the bladder (trigonal level). Then, polypropilene mesh, is fixed in top-side to obtape by two absorbable sutures and in under-side to anterior side of cervix. This facial reconstruction provides strengthener support plane to vesicle-uterine level, in a tension-free way. To cystocele and uterine prolapse conservative prostheses correction with transobturator obtape, infracoccygeal sacropexy associated with traditional technique (Papa Petros). Under tension a longitudinal full-thickness incision (approximately 4-5 cm wide) was made in the posterior vaginal wall. Bilateral 0.8 cm perineal skin incision were made 2 cm lateral and below the external anal sphincter. The tunneller, was placed into the ischiorectal fossa for a distance of 4 cm, after digital guidance. At this point it was gently turned inwards and vaginal examination performed to determine the plane for passage through the rectovaginal fascia, so as to reach the incision. The procedure was repeated on the controlateral side. The tape was secured to uterus-sacral ligament with absorbable sutures, to suspend uterus. Posterior vaginal wall was sutured and minimal traction of the inferior extremities of tape determine tension free suport of uterus and vaginal structures. Cystocele-rectocele and uterine prolapse conservative prostheses correction with transobturator Obtape was performed in 60 minutes; the bleeding was 110 ml. Stress incontinence correction with sub urthra mini-sling was performed.

Cystocele and uterine prolapse conservative prosthesis correction with transobturator Obtape associated to infracoccygeal sacropexy (Triple operation for prolapse using prostheses) is a

simple, advanced vaginal technique without intraoperatory and postoperatory risks. This film shows, clearly, the excellent anatomical reconstruction (suspension and support) of all vaginal parts and the simplicityand the mininvasivity of this innovative technique.