

## LAPAROSCOPIC UTEROSACRAL LIGAMENT UTERINE SUSPENSION FOR UTERINE PROLAPSE

### Synopsis of Video

The purpose of this video is to describe a method of laparoscopic uterine suspension for uterine prolapse utilizing the uterosacral ligaments. The patient is a 36-year old woman who presented six-months following a twin vaginal delivery with vaginal bulging and pressure. On examination, she was found to have a Stage 2 prolapse with Points Aa and Ba at -1, and Point C at -2. She was treated with a vaginal pessary for nine months, with good relief of symptoms, but then elected to have surgery for the prolapse. She requested uterine conservation. Under general anesthesia, laparoscopic uterosacral ligament suspension was performed with permanent suture. A disposable uterine manipulator was used to deflect the uterine fundus to either side, which aids in the identification of the proximal uterosacral ligaments. After identification of the ureters bilaterally, the proximal uterosacral ligaments were sutured to the ipsilateral distal uterosacral ligaments, at their insertion into the cervix. Peritoneum along the mid-portion of the ligaments was also included in the suspension, to prevent the formation of potential peritoneal defects. Concomitant procedures included laparoscopic paravaginal repair and cystoscopy. There were no intraoperative or post-operative complications. The patient was discharged the following day and was given routine instructions regarding avoidance of lifting or straining for 10 weeks. On post-operative examination at 6 weeks, she had good apical (Point C at -4.5, Point D at -7.5) and anterior support (Aa and Ba at -2.5) and reported complete relief of her symptoms. Traditional surgery for uterine prolapse involves hysterectomy. Uterine conservation may be considered when there is mild to moderate uterine prolapse, as an alternative to hysterectomy. As long as the proximal uterosacral ligaments can be identified and incorporated in the repair, laparoscopic uterosacral ligament uterine suspension provides an anatomic restoration of the uterus and appears to maintain a normal vaginal axis. Long-term studies are needed to examine the durability of this repair.