

644

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INFRACOCCEGEAL SACROPEXY IN THE TREATMENT OF VAGINAL VAULT PROLAPSE

Hypothesis / aims of study

Aim of this study is to confirm the efficacy and safety of IVS posterior (infracoccegeal sacropexy) for the treatment of vault prolapse

Study design, materials and methods

In a prospective observational short term follow study, we used posterior IVS procedure (minimally invasive) to treat 25 patients (14 after abdominal hysterectomy and 11 after vaginal hysterectomy), between September 2002 and may 2003. The study protocol include preoperative: medical history, gynaecologic examination, urodynamics, perineal ultrasound (PUS) for imaging pelvic floor (during straining were measured movements of the bladder base, proximal vagina and anterior wall of the rectum), quality of life (QoL) was assessed. The aim of Operative procedures was to achieve minimal invasiveness: by excising minimal vaginal epithelium, avoiding surgery to the distal 1 cm of the vaginal epithelium and avoiding surgically induced vaginal tension, used the IVS Tunneller (Tyco Healthcare, USA) in spinal anaesthesia. Patient were followed up at 4 weeks and 3 months after surgery.

Results

The mean patients age was 65 (range 46- 70 years), operation time for IVS posterior placement was mean 50 minutes (range 40- 52), blood loss was 74 ml (50 – 85 ml), generally from the transverse vaginal incision, no patients required transfusion, no hematomas or post operative pyrexia were noted. All patient for only IVS posterior procedure were discharged within 48 hours of surgery. There was no intraoperative rectal perforation or rectal tape erosion. Cure of prolapse was assessed as follow the patient was examined in litotomy position with straining and assessed position of vaginal vault. All were cured after 1-3 month after surgery. PUS showed reduction in movementof the bladder base, vagina and anterior rectal wall, after IVS posterior procedure. Polypropilene tape rejection were no fined. Symptoms cure were based on QoL and defined as >80% reduction in the pelvic pain and genital prolapse.

Interpretation of results

our initial results with IVS posterior procedure has similar efficacy to other more established surgical techniques for the cure vault prolapse, but with less surgical morbidity and patients discomfort. The procedures is efficacy and safe by: shorter operation time, use spinal anesthesia, small per and postoperative complications, faster convalescence by hospital stay and resumption of usual activities.