

645

Davila, MD G¹, Miller, MD D¹

1. Cleveland Clinic Florida

VAGINAL VAULT SUSPENSION USING THE POSTERIOR IVS TECHNIQUE

Hypothesis / aims of study

To describe our initial experience with a novel procedure for correction of vaginal vault prolapse. The procedure entails posterior stabilization of the vaginal apex to a polypropylene tape placed bilaterally through the Iliococcygeus muscle and Arcus Tendineus at the level of the Ischial Spine, through bilateral perianal incisions (Posterior IVS, Tyco/US Surgical).

Study design, materials and methods

Women with vaginal vault prolapse who desired surgical repair underwent a posterior IVS procedure along with other indicated procedures (81% anterior repairs and 95% Posterior repairs). The dissection was carried into the para-rectal space prior to tape placement. All women had at least Grade 2 symptomatic vault prolapse. Data collected included resultant anatomic outcome, intra and post-operative complications, and healing problems.

Results

77 women underwent the posterior IVS procedure between 10/02 and 12/03. Mean follow-up was 5.1 months (range 1 to 13). At the last recorded follow-up visit, 64/65 (98.5%) had Gr. 0/1 vault prolapse. Mean TVL was 7.6 cm. (range 5 to 11), and mean point C was -7.0 cm. (range -3 to -11). Postoperative cystocele > Grade 1 was noted in 4 patients (6.1%).

There were no intraoperative complications, including bowel perforations. Postoperative complications included mesh erosion/exposure 1 (1.2%), vulvar pain 1 (1.2%).

Interpretation of results

The above modification of the Posterior IVS technique results in creation of neo-Cardinal ligaments from the vaginal apex to the lateral pelvic sidewalls, with normalization of vaginal apical support and vaginal length. Endopelvic fascia or grafts can be attached to the neo-vault for correction of anterior and posterior fascial defects. The procedure is safe when wide para-rectal dissection is performed.

Concluding message

The posterior IVS technique results in satisfactory restoration of vaginal apical support without significant complications.