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 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.