

INFRACOCYGEAL SACROPEXY (POSTERIOR IVS) IN THE TREATMENT OF FEMALE PELVIC FLOOR DISORDERS.

Hypothesis / aims of study

Infracoccygeal sacropexy is a new minimally invasive surgical technique used for the correction of the posterior compartment disturbances (1). It is a method employing polypropylene multifilament tape and IVS tuneller (Tyco Healthcare, USA) to create new artificial ligament strengthening atrophic uterosacral ligaments stabilizing the upper level of anatomical vaginal support. The aim of the study was to assess efficacy, sexual life quality, bowel functioning and complications rate after infracoccygeal sacropexy (posterior IVS procedure) performed in our institution.

Study design, materials and methods

From 23.04.2002 to 30.09.2005 one hundred eighteen IVS posterior procedures were performed. The indications for surgery were vaginal vault prolapse, rectocele, enterocele or uterine prolapse. Pre- and postoperative evaluation were carried out and included detailed history, bowel functioning questionnaire, sexual life quality assessment, gynecological examination and assesment in POPQ scale (Pelvic Organ Prolapse Quantification). Only patients with POPQ III and IV grade were operated. In grade II surgery was performed only in the case of subjective patient's discomfort. Moreover, in this group 64 patients suffered from urodynamically proven stress urinary incontinence (SUI) or anterior wall defect, in some cases demonstrated only after prolapse reduction by speculum. These patients were operated by means of minimally invasive techniques of anterior defects repair in the same time during the same anesthesia. Mean age of patients in study group was 61.9 ± 11.6 (range: 25 – 84 years), BMI 27.8 ± 4.3 kg/m² (17 – 41) and median parity was 2 (0 – 11). Surgical procedures were carried out according to original description. There were no intraoperative complications. We observed one case of retrovaginal space hematoma about 8 hours after operation that required reoperation. Mean duration of hospitalization was 5 days (range 3 – 7). The effectiveness of posterior IVS procedure was estimated in 94 cases after a year (one month) since the surgery. Local Ethical Comitee Approval for this study was obtained.

Results

Infracoccygeal sacropexy restored vaginal statics to POPQ 0 or I grade among 73 patients (77.7%). 13.8% cases (13 patients) were recognized as a failure by patient and by her gynecologist. In eight cases (8.5%) classified as a failure after posterior IVS without anterior wall operation we observed anterior wall prolapse. Sexual life quality and bowel functioning was also assessed in the study group. Among our patients 35,1% (33 patients) were not sexually active. In the group of sexually active women 68,85% (42 patients) reported no change of sexual life quality, 26,23 % (16 patients) - improvement and deterioration – 4,92% (3 patients). Bowel functioning did not change in 85,1% (80 patients) and 14,9 % (14 patients) reported constipations "de novo".

Interpretation of results

Our data show high efficacy and low complications rate of posterior IVS and are related to published by Petros (1). The subjective assessment showed that operated patients are satisfied with the sexual life quality and bowel functioning. Further observations are ongoing and we will evaluate longer term efficacy. What is important literature data indicates that 20-80% patients with POPQ III or IV grade suffer from SUI (2). We observed 68% SUI in our study group. In our Department urodynamics in patients with pelvic organ prolapse is always made after prolapse reduction by means of speculum.

Concluding message

Posterior IVS is simple procedure with high efficacy, short "learning curve" and low percentage of complications.

1. **Petros PE. Vault prolapse II: Restoration of dynamic vaginal supports by infracoccygeal sacropexy, an axial day-case vaginal procedure. *Int Urogynecol J Pelvic Floor Dysfunct* 2001;12(5):296-303**
2. **Rosenweig B, Pushkin S, Blumenfeld D i wsp. Prevalence of abnormal urodynamic tests results in continent women with severe genitourinary prolapse. *Obstet Gynecol.* 1992;79:539-542.**

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HUMAN SUBJECTS: This study was approved by the Local Ethical Comitee and followed the Declaration of Helsinki Informed consent was obtained from the patients.