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Banerjee C[1], Noe K G[1]
1. *KKH Dormagen (attached Hospital of the University of Cologne)*

THE GENTLE LAPAROSCOPIC SACROCOLPOPEXY: ADDITIONAL VIDEO PRESENTATION OF THE GERMAN METHOD

Synopsis of Video

The method of the gentle laparoscopic sacropexy (german method) is demonstrated in this video sequence.
We affirm evidence for the application of that technique.

Hypothesis / aims of study

Sacrocolpopexy is an established operative approach for the treatment of vaginal vault. The sacral fixation of the descendent organs offers a more natural position than e.g. the sacrospinous approach. As the direct fixation results in an excessive tension and (cohabition-) pain, Lane used already in 1962 the interposition of a mesh. The outcome of open sacropexy with interposition of a mesh seems to be good (<5-10 % re-prolapse). Complication rates of the open approach are acceptable (<5%). Since 1992 the laparoscopic approach came into focus. Meanwhile several authors published various modifications of the laparoscopic sacropexy. Some advantages have been described for the laparoscopic approach. It offers a more precise fixation of meshes due to the magnification effect. Additionally a reduced morbidity with also economical advantages and a high acceptance of the patients is found. The operation time depends essentially on the surgeon's experience and the kind of mesh fixation.

Study design, materials and methods

We here present a video sequence of our modified laparoscopic approach with interposition of a VIPRO® -mesh, which has been applied successfully approximately 200 patients during the last three years.
Our approach starts with an superficial incision of the peritoneum on the right side of the promontory The incision is bluntly enlarged up to 2 cm to the planned lower insertion. A strict superficial preparation between spine and right pelvis reduces the danger of an accidental injury of the ureter. A selective preparation of the ureter is not required. The Vipro®- mesh is simultaneously prepared by the surgical nurse. The mesh is extra corporal duplicated and provided with two suturals on one side. After intraabdominal positioning, this (upper) part of the mesh is fixed with the 2 prepaired sutures and backstitch 2 cm distal of the promontory.
The lower insertion depends on the existent structures. We favour a fixation on the cervix and combine the sacropexy usually with a laparoscopic supracervical hysterectomy. Patients who have undergone a complete hysterectomy receive fixations directly to the apical vagina with 3 sutures. In case of cysto- or rectocele, the mesh is additionally fixed on the ventral and/or dorsal vaginal wall using up to 5 sutures. Afterwards the peritoneum is sutured continuously.
It is not required to purge the bowels, to continue the intraoperative antibiotics or to insert a drainage. Postoperatively our patients start with a mild form of pelvic floor exercise.

Results

The success rate of our laparoscopic approach is correlating to open surgery (96.5 % success rate). Complication rate seems to be reduced by the laparoscopic approach. We had no intraaoperative complication and low rates of postoperative complication (0% ureter-lesion, 0% bleeding, 1% mesh re-fixation, 1% ileus, 3.5 % re-prolapse, 0% mesh erosion).

Concluding message

Laparoscopic sacropexy is a good alternative to the open approach. Operation time and costs are not influenced negatively. This article intends to simplify the laparoscopic approach in order to make it available to a broader range.

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Is this a clinical trial?	**Yes**
Is this study registered in a public clinical trials registry?	**No**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**No**
This study did not require eithics committee approval because	**we describe amidification of an existing operative approach.**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**