SACROSPINOUS LIGAMENT SUSPENSION TREATMENT FOR SEVERE HYSTEROCELE: A NEW TECHNIQUE “HISTEROPEXY WITHOUT MESH”

Synopsis of Video
In this video we show a new reconstructive site-specific technique, sacrospinous ligament suspension treatment for severe hysterocele, “histeropexy without mesh”. The rationale of this innovative technique is the repair of the central compartment with the suspension of the uterus to the sacrospinous ligament (SSL) without removing it, due to its importance in the pelvic balance. In fact, traditional surgical techniques have a whole recurrence of the central defect.

Hypothesis / aims of study
The aim of this new technique is to obtain a first level repair, with the suspension of the uterus to the sacrospinous ligaments (SSL) by four not adsorbible sutures using endostitch device (Tyco Healthcare, USA), without prostheses.

Study design, materials and methods
We followed CONSORT criteria for the description of this trial. The study was approved by the Local Ethics committee and an informed consent was signed before recruitment.

Thirtyfive patients, 18 with hysterocele 2°, 10 with 3° and 7 with 4° degree were recruited. Nineteen women presented 1°degree cistocele-rectocele and eight 2° degree cistorectocele (Figure 1).

All patients wished maintain uterus. Exclusion criteria were: previous urogynecological surgical operation, uterine disease and severe defecation problems. Endometrial cancer screening was conducted with a pelvic ultrasound and, when indicated, confirmed with an endometrial biopsy. Urinary functions were preoperatively and postoperatively investigated with urodynamic studies in all patients; those with posterior prolapses also underwent defecography [10-11]. The pelvic status was classified according to the international Pelvic Organ Prolapse staging system (POP-Q) [1].

The anterior vaginal wall was infiltrated with 0.5% lignocaine and 0.25% epinephrine. A midline vertical anterior vaginal incision was made 2 cm below the external urethral meatus, the bladder was dissected from the vagina and the paravesical spaces were reached (Figure 2). By the use of fingers we identified the tendineous arch of the pelvic fascia (ATFP), the ischiatic spine and the sacrospinous ligament (SSL). We inserted and fixed sacrospin ligament with endostitch, this represents the first level of suspension for uterus (Figure 3, 4), as described by DeLancey (2).

Sacrospin suspension performed with two anterior not adsorbible suture between pericervical ring of uterus and sacrospin ligament and with two posterior not adsorbible suture between two uterus sacral ligament and sacrospin ligament using endostitch device (Figure 2, 3)
We obtained repair of the pelvic organs prolapse without undergoing hysterectomy, without vaginal erosions. The 4 sacrospinous attachments could explain the absence of recurrences, that we experienced so far, probably because should one detachment occur, the remaining attachments provide enough strength to support the entire pelvic floor. This procedure maintain a functional vagina and reduce the cost of the prostheses.

Interpretation of results
This pilot study suggests that our technique is safe and effective and can efficiently repair the pelvic organs prolapse without undergoing hysterectomy and without vaginal erosions and dyspareunia.

Concluding message
Our technique can efficiently repair the pelvic organs prolapse without recurrences, urinary impairments and without risk of erosions and dispareunia. Furthermore, we reconstructed the anatomical aspect of the pelvis by using not adsorbible suture without removing the uterus and without mesh. Although we treated a small number of patients, we believe that it’s worth to be applied and validated in prospective and randomized studies.

References