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TRANSVAGINAL REPAIR OF ANTERIOR VAGINAL WALL PROLAPSE WITH AN ULTRA-LIGHT POLYPROPYLENE MESH NOVASILK° USING A LARGE UNFIXED INTERVESICOVAGINAL MESH

Synopsis of Video
We would like to share our 8 years experience on vaginal surgery with mesh on more than 380 cases operated with this unfixed mesh technique for anterior vaginal wall prolapse since 2001. This video describes the surgical procedure and gives many surgical details which associated with unfixed mesh technique may explain good vaginal tolerance of mesh. In our experience, vaginal mesh exposition rate is 2% and clinical effect of shrinkage is almost inexistent as the mesh can retract freely.

Anterior vaginal wall prolapse repair is done with mesh reinforcement, which is tailored from a Novasilk°(Coloplast) sheet 15 X 15 cm and contains a main body 6x4 cm with an anterior neckline, two large lateral arms 4x5 cm, a long posterior tail 4x7 cm. It is positioned in the vesico-vaginal space through a sagittal full thickness vaginal incision leaving the fascia against the vagina. The arms are pushed laterally through the endopelvic fascia and remains in contact with the arcus tendineous levator ani. The anterior part of the mesh is attached to the retro-pubic insertion of the pubo-coccygeus muscles with a Prolene 2/0 suture. The posterior tail is left free in a space created by dissecting the posterior side of the bladder from its peritoneum and rests freely on the Mac Call utero-sacral plication. Median and posterior prolapse are treated with specific technique (vaginal hysterectomy with utero-sacral or sacrospinous ligament vaginal vault fixation, posterior Denonvilliers fascial repair without myorraphy). Stress incontinence, if associated, is treated with TOT.

Specify source of funding or grant                      NONE
Is this a clinical trial?                             No
What were the subjects in the study?                 HUMAN
Was this study approved by an ethics committee?       No
This study did not require ethics committee approval because  VIDEO OF SURGICAL TECHNIQUE
Was the Declaration of Helsinki followed?             No
This study did not follow the Declaration of Helsinki in the sense that  video of surgical technique
Was informed consent obtained from the patients?      Yes