

MIDLINe UTEROSACRAL SUSPENSION ANTERIOR COLPORRHAPHY COMBO (MUSSACC): PRELIMINARY REPORT

Synopsis of Video

To demonstrate that the intermediate section of the uterosacral ligament (USL) can be used for vaginal vault suspension at anterior colporrhaphy to provide thus both level 1 and level 2 support.

Introduction / Hypothesis / aims of study

Fresh cadaver studies and live surgical experience have demonstrated to us that the intermediate section of the USL is conveniently, safely and universally accessible at the time of anterior colporrhaphy, be it with prior or concomitant hysterectomy or with uterine preservation. We wish to demonstrate that the intermediate section of the USL can be used in a midline vaginal vault suspensory role at anterior colporrhaphy to provide thus both level 1 and level 2 support (1).

Study design, materials and methods

A pilot study involved 41 patients, all with grade 2 or more anterior vaginal wall prolapse (cystocoele). Women were assessed by Baden-Walker site-specific vaginal examination preoperatively, intraoperatively, immediately postoperatively and at the clinical postoperative visit. On the latter three occasions, an observer other than the surgeon was present to confirm the staging and two specific measurements: (i) vaginal vault to distal end of anterior colporrhaphy (anterior); (ii) vaginal vault to posterior introitus (posterior). Intraoperatively, these measurements were performed prior to the midline anterior vaginal wall incision (following closure of the vaginal vault in cases of concomitant hysterectomy). Immediately postoperatively, these measurements were taken at the completion of all repairs.

Results

The prolapse repair was a primary procedure in 30 (73%) cases whilst recurrent prolapse surgery was being performed in 11 (27%) cases. Concomitant surgeries will be presented. Mean duration of the MUSSACC procedure (excluding the duration of concomitant surgeries) was 23 minutes (range 17-30 minutes). Mean blood loss was under 50mls in 35 (85%) cases and never over 100mls. A mean 4 USL sutures were inserted, 2 of which in each case incorporated vaginal vault with a permanent Ethibond (suspensory) suture. There were a mean 4 anterior colporrhaphy fascial plication sutures. There were no ureteric complications.

Posterior vaginal length was reduced by a mean 6% (end of operation) reducing to 0% when measured at the postop clinical visit (mean 6.6 weeks; range 5 to 9 weeks). Anterior vaginal length was reduced by a mean 7% (end of operation) though only 2% when measured at the postop clinical visit.

There was no recurrent vault descent though 3 (7%) women had early (up to Grade 1) asymptomatic recurrent cystocoele

Interpretation of results / Conclusions

This study has confirmed that the MUSSACC procedure is safe with consistent access to the intermediate section of the USL. It can be performed comfortably in a median 23 minutes through a single anterior vaginal wall incision. Blood loss is minimal to small. Dissection is relatively limited with the ureters not deemed to be at risk. Short term anatomical results are very promising with no apparent vaginal shortening. The MUSSACC procedure can provide Level 1 and 2 support at anterior colporrhaphy.

References

1. De Lancey JO (1994) The anatomy of the pelvic floor. Curr Opin Obstet Gynecol 6: 313-316

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?	Yes
Specify Name of Ethics Committee	HREC, South-Eastern Area Health, SYDNEY
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes