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LAPAROSCOPIC SUTURE SACROHYSTEROPEXY FOR APICAL PROLAPSE: SHORT TERM OUTCOMES OF OUR TECHNIQUE

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Introduction

Laparoscopic mesh sacrohysteropexy has been established as an effective, safe and popular technique to treat uterine prolapse 1. Nevertheless, recent controversies regarding synthetic mesh in pelvic reconstructive surgery have led to a search for alternative procedures 2. The technique of suture sacrohysteropexy recreates the pivotal supports for the pelvic organs without the use of mesh 3. We report for the first time short term outcomes of our method.

Methods

We included all patients that had a laparoscopic suture sacrohysteropexy from January 2020 to April 2023. Baseline and 3-month data were retrieved from the British Society of Urogynaecology (BSUG) database and patients' notes. Anatomical data were reported using the Pelvic Organ Prolapse Quantification scale (POP-Q). Symptoms were assessed with the validated International Consultation on Incontinence Urinary Incontinence Short Form (ICIQ-UI) and Vaginal Symptoms (ICIQ-VS) questionnaires and with the Patient Global Impression of Improvement scale (PGI-I). Descriptive statistics and the Mann- Whitney U-test were used in the data analysis.

Results

26 patients are included in this case series. 6 out of the 26 patients had a concomitant anterior vaginal repair. In POP-Q scores, preoperative median point C and point Aa were at 0 and 0 cm from the hymen respectively, while postoperative median point C and point Aa were at -5.5 and -1.75 cm from the hymen. At 3 months, 24 out of the 26 patients (92.3%) described their prolapse symptoms as 'much better' or 'very much better'. ICIQ-UI and ICIQ-VS responses demonstrated significant improvement.

Conclusions

Our technique of laparoscopic suture sacrohysteropexy is safe and effective. It seems a logical progression in prolapse surgery, responding to patients' wishes for minimally invasive meshless procedures with uterine preservation.

References:

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