

# ROBOTIC VS. LAPAROSCOPIC SACROCOLPOPEXY WITH ANTERIOR AND POSTERIOR MESH PLACEMENT:

A comparative 12-Month follow-up  
study in a single tertiary center

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***“RASC has similar safety and effectiveness to LSC, but faster recovery and better Patient-Reported Outcomes (PROs), specially in terms of Colorectal-anal function.”***

## Hypothesis

Compare **robot-assisted sacrocolpopexy (RASC)** vs. **laparoscopic sacrocolpopexy (LSC)** with anterior & posterior mesh placement for pelvic organ prolapse (POP) correction over 12 months.



## Methods

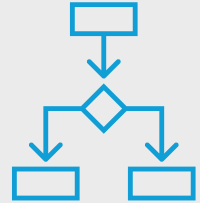
**Retrospective cohort**, single tertiary center; all surgeries by or under supervision of same senior surgeon.

### Primary endpoints:

- Objective success (POP-Q)
- Subjective success (PFIQ-7, Wexner score)

### Secondary endpoints:

- Operative time, blood loss, hospital stay
- Complications  $\geq$  Clavien-Dindo II
- Mesh-related complications
- Reinterventions



## KEY RESULTS



N=44 (RASC: 23 | LSC: 21)



**Operative time:** Shorter in LSC  
(198 min vs. 221 min,  $p=0.19$ )



**Blood loss:** Similar (~58 mL)



**Length of stay:** Shorter in LSC  
(1.17 vs. 2.33 days,  $p=0.001$ )

### Objective success at 12 months:



RASC 100%    LSC 85.7%

### Reoperation rate:



RASC 0%    LSC 14.3%  
( $p=0.06$ )

**Complications: Comparable rates;**  
No mesh-related complications.

### PATIENT REPORTED OUTCOMES:

**PFIQ-7 total score:**  
No significant difference

**CRAIQ-7 section:**  
Significantly better in RASC  
(38.4 vs. 52.9;  $p<0.001$ )

## Conclusions

Both approaches are **safe and highly effective** for POP repair with mesh.

**RASC demonstrated:**

- Trend toward higher success rate
- Faster recovery (shorter hospital stay)
- Significant improvement in colorectal-anal function (CRAIQ-7)

RASC should be considered when aiming for rapid recovery and improved pelvic function.

**Larger prospective studies** are needed to confirm these benefits long-term.