

MODIFICATIONS TO THE TECHNIQUE AND SET UP USED IN A VAGINAL HIGH UTEROSACRAL LIGAMENT SUSPENSION.

Introduction

There is a growing recognition to support the apex of the vagina during pelvic organ procedures. Surgical options for vaginal vault suspension vaginally include sacrospinous and uterosacral ligament suspensions. This video summarizes our technique in modified high uterosacral ligament suspension following a vaginal hysterectomy.

Design

This video is based on a prospective IRB approved collection of our series from 6/2011-7/2012. 59 patients undergone vaginal uterosacral ligament suspension during that time either concurrent with vaginal hysterectomy or in a delayed fashion. We are presenting our technique and modifications to this procedure. A lone star (Scott) retractor is modified using two metal springs secured by four removable clips. All sutures placed in the uterosacral ligament are tagged using marked hemostats in numerical order from 1 thru 6 in colors blue for the needle side and red for the free tail.

Results

Marking the sutures meticulously and laying them flat and spread out on the lone star will allow us to identify them in later part of the procedure and remove them if needed without confusion. This will ensure that the suspension sutures do not get tangled and mixed.

Conclusion

With few simple modifications in the setup and technique for high uterosacral ligament suspension procedure, an excellent exposure and shorter operative time can be achieved efficiently.

References

1. High uterosacral vaginal vault suspension to repair enterocele and apical prolapse. OBG Management June 2011 · Vol. 23, No. 6. Mickey Karram, MD, Christine Vaccaro, DO

Disclosures

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