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USA – A STANDARDIZED PROLAPSE OPERATION PRESERVING THE UTERUS

Hypothesis / aims of study

In uterine prolapse stage II - IV according to POP-Q the uterus is usually removed. However, the removal of the uterus is not accepted by every woman.

We previously developed the CESA (cervico-sacropexy) and VASA (vagino-sacropexy) operations as a standardized operation for treatment of pelvic organ prolapse (1) In all patients the USL were replaced by PVDF tapes with identical length (CESA: 8.8 cm, VASA: 9.3 cm). We now report how we adopted the procedure so that the uterus can be preserved.

Study design, materials and methods

All women with an indication for repair of the utero-sacral ligaments (USL) who refused a supracervical hysterectomy were eligible. Instead of removal of the uterus we formed a muscle peritoneal flap of the backside of the uterus. The size was 3 cm x 2cm. The CESA tape (DynameshCESA, FEG, Aachen, Germany) was sutured to the underlying uterus muscle und the flap readopted over the tape. The new USL-tapes were placed retroperitoneally in the folds of the USL to the second sacral bone on both sides as in CESA.

After surgery we asked the patients to abstain from intercourse and sports for 6 weeks.

Results

The operation (utero-sacropexy: USA) was done in 17 patients so far. The USA operation time was between 50 and 90 minutes (mean 76 min). Blood loss was less than 50 ml. No severe operation specific side effects were observed. All patients had a clinical stage 0 POP-Q after USA. In none of the patients a re-prolapse of the uterus occurred during our observation time (1 to 36 months). No patient reported about dyspareunia. 4 patients needed an additional anterior colporrhaphy.

Interpretation of results

The replacement of the USL by PVDF tapes was standardized with the CESA nad VASA operations. The principles of the CESA operation could also be applied to the USA. We placed the 8.8 cm long CESA tape in the same way as in CESA. Forthcoming studies must focus on the treatment of accompanying or “de-novo” cysto- or rectoceles.

Concluding message

This treatment alternative was previously intended for women in India and Arabic countries who wanted to preserve their uterus. When we offered that treatment alternative also to our patients we observed an increasing number of patients who wanted to have a USA.

References

1. Jäger W, Mirenska O, Brügge S: Surgical Treatment of Mixed and Urge Urinary Incontinence in Women. Gynecol Obstet Invest (2012): 1-8

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