

THE OUTCOMES OF ABDOMINAL AND MINIMALLY INVASIVE SACROCOLPOPEXY FOR THE TREATMENT OF VAGINAL VAULT PROLAPSE

Hypothesis / aims of study

The aim of this study was to present the outcomes of open abdominal sacrocolpopexy (ASC) and minimally invasive sacrocolpopexies (MISC).

Study design, materials and methods

A total of 45 women with a mean age of 59 (34-76) underwent sacrocolpopexy, with 21 ASC and 24 MISCs. Within the MISC group, 17 were laparoscopic (LSC) and 7 were robotic (RSC). The patients were presented with vaginal mass in 44 and bilateral lumbar pain in 1. Statistical analyses were done using Mann-Whitney U test and Fisher's exact test with SPSS version 15.0.

Results

The mean follow-up time was 59.3 (11-90) months. The mean estimated blood loss and length of hospitalization were significantly longer for ASC ($p < 0.001$), whereas the operative time was significantly shorter ($p < 0.001$). Recurrence was seen in 1 patient after MISC and repaired with ASC. Grade 2 prolapsus was seen in 4 at follow-up, however vaginal erosion was not. The success rates were; 90.0% for MISC and 90.4% for ASC.

Interpretation of results

MISC led to shorter hospitalization, better hemostasis than ASC.

Concluding message

MISC is as effective as ASC for the treatment of vaginal vault prolapse. Further prospective and randomized controlled studies including large series of patients are needed.

	ASC (N: 21)	MISC (N:24)	p value
Mean blood loss (cc)	210 (100-500)	80 (20-180)	0,0001 ^a
Mean operative time (min)	150 (90-250)	273 (110-380)	<0,05 ^b
Mean hospitalisation time (day)	3,7 (2-8)	1,2 (1-4)	0,0001 ^a

^a:student t test, ^b: Fisher exact test.

Disclosures

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