

## INTEREST IN THE USE OF SYNTHETIC SURGICAL GLUE IN LAPAROSCOPIC SACROCOLPOPEXY. A PROSPECTIVE COMPARATIVE UNICENTRIC STUDY ABOUT 32 CASES.

### Hypothesis / aims of study

Laparoscopic sacrocolpopexy (LSCP) is the reference technique for the repair of pelvic organ prolapse (POP) [1]. This complex surgical technique requires special skills and mastering of laparoscopic sutures, which makes it poorly accessible to young surgeons [2,3]. The aim was to study the impact of the use of glue instead of some laparoscopic sutures, on the operative time, the morbidity, and the short term anatomical and functional results.

### Study design, materials and methods

A prospective, comparative, unicentric study (done at Poissy-St-Germain-en-Laye University Hospital) including 32 patients who underwent a LSCP by an experienced surgeon. The fixation of prostheses was made either exclusively by sutures (Group 1, January-December 2012), or by associating sutures (on traction sites) and biological glue (Group 2, January-March 2013). Group 1 patients were retrospectively selected after pairing on the following criteria: number of prostheses and associated surgery (supracervical hysterectomy, suburethral tape). The following parameters were studied and compared: total procedure duration (incision to closure), intraoperative and postoperative complications and short term anatomical and functional results.

### Results

both groups were comparable concerning the stage of prolapse, BMI, age, parity and surgical history. The mean operative time (173.1 [G1] vs 178.7 [G2] minutes,  $p = 0.64$ ) and the mean hospital stay (3.31 [G1] vs 3.94 [G2] days,  $p = 0.08$ ) were identical. Anatomical results were comparable in the short term (POP-Q). The mean satisfaction rate in the short term (assessed by the PGI-I questionnaire) was similar in both groups [1.67 vs 1.30 ( $p = 0.67$ )]. Morbidity was also similar in both groups; no serious complications have been experienced.

### Interpretation of results

The use of the glue in the LSCP did not significantly reduce the operative time. The explanation of this negative result probably lies in the relatively long duration of the LSCP procedure, the associated surgeries and the poor number of included patients. However, the use of glue for the adhesion of prostheses in addition to sutures has shown its safety and efficacy compared to the conventional technique (sutures exclusively) since the morbidity, the anatomical results and satisfaction rate are identical in the short term.

### Concluding message

The use of the glue in the LSCP did not significantly reduce the operative time in our study. A study involving a larger number of patients is necessary to optimize the power of our study and demonstrate a benefit in terms of operative time and feasibility of LSCP.

### References

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2. 4. Claerhout, F., D. De Ridder, et al. (2009). "Medium-term anatomic and functional results of laparoscopic sacrocolpopexy beyond the learning curve." *Eur Urol* 55(6): 1459-1467.
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### Disclosures

**Funding:** None **Clinical Trial:** Yes **Public Registry:** No **RCT:** No **Subjects:** HUMAN **Ethics not Req'd:** Routine Care. Prospective observational study **Helsinki:** Yes **Informed Consent:** Yes