780

Brtnicky T[1], Chmel R[1]
1. *Dept. of OB/GYNE, University Hospital Motol*

ABDOMINAL SACROCOLPOPEXY - SIMPLE AND STILL ACTUAL METHOD IN THE TREATMENT OF VAGINAL VAULT PROLAPSE?

Hypothesis / aims of study
Sacrocolpopexy is a procedure to correct prolapse of the vaginal vault in women who have had a previous hysterectomy. The operation is designed to restore the vagina to its normal position and function. There are three surgical approaches: abdominal, laparoscopic and robotic. Aim of the study was to compare theese surgical approaches.

Study design, materials and methods
To evaluate the effectiveness and complications of abdominal sacrocolpopexy in the treatment of vaginal vault prolapse. Comparison of our study group (abdominal sacrokolpolexy) with abdominal, laparoscopic and robotic sacrocolpopexy in literature (Medline database). Methods: 45 patients were included in the study (2001-2008). The average time of follow-up: 26 months. The mean age of 58.7 years (41-75 years). Parity 2.04 (1-5). Type of a previous hysterectomy: 27x abdominal hysterectomy (60%), 4x laparoscopically assisted vaginal hysterectomy (9%), 14x vaginal hysterectomy (31%). The material used: 35x polypropylene mesh - 78%, 3x polytetrafuoroethylen biomaterial Gore-Tex, 7x dakron vascular prosthesis.

Results
The cure rate in our study group (objective findings and patient satisfaction) was 95.6%, (2 recurrences of 45).
Complications: intraoperative (none), postoperative complications (2x prolapse recurrence, 1x deep vein thrombosis).
Operating time: 85 min (65-105 min).
Advantages: high efficiency, low morbidity, safe method, minimum complications, low price, short operating time.
Disadvantage: laparotomy (skin incision average 12 cm).

Interpretation of results
Abdominal sacrocolpopexy can be a method of choice in the treatment of vaginal vault prolapse, mainly because of the low morbidity and high success rate. Polypropylene mesh is the prefered suspension structure but the accurate surgical technique is the most important for the abdominal sacrocolpopexy success and safety.

Concluding message
Operating time: 85 min (65-105 min).
Advantages: high efficiency, low morbidity, safe method, minimum complications, low price, short operating time.
Disadvantage: laparotomy (skin incision average 12 cm).

References
1. Abdominal mesh sacrocolpopexy for recurrent triple-compartment pelvic organ prolapse. BJU Int. 2009 Apr;103(8):1090-4.
2. Short-term outcomes of robotic sacrocolpopexy compared with abdominal sacrocolpopexy. Obstet Gynecol. 2008 Dec;112(6):1201-6.
3. Robotic-assisted sacrocolpopexy: technique and learning curve. Surg Endosc. 2009 Oct;23(10):2390-4.

Disclosures
Funding: No source. **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** This is only a description of the group of patients who were operated by common and well known surgery method. **Helsinki:** Yes **Informed Consent:** Yes