

MINI LAPAROSCOPIC SACRAL COLPO-HYSTEROPEXY FOR FEMALE GENITAL PROLAPSE

Introduction

The use of smaller instruments during Mini-laparoscopic sacral colpop hysteropexy (M-LSH) has been proposed to reduce postoperative pain and improve cosmesis. We hypothesized that Laparoscopic sacral colpop-hysteropexy (LSH) using miniports is safe and produces less incisional pain and better cosmetic results than LSH performed conventionally. In our knowledge it is the first publication of LSH using Minilaparoscopic instruments.

Design

The operation was performed by experienced laparoscopic surgeon. Three-millimeter supra pubic and lateral ports (abmed-France), a 12-mm umbilical (Hasson) port were used. In addition, 2-mm graspers (abmed-France), a 2-mm cisels, Bipolar and Handle needle were used a 10-mm 30° laparoscope was placed through the umbilicus. We considered the case of a patient, 44 yo, complaining of a complete genital prolapse. In that case the meshes were fixed on the posterior face of the vagina to realize an indirect rectopexy and on the anterior face of the vagina to treat the anterior and apical compartment. Two large pore size (\geq 1mm) heavyweight (115 g/m²) monofilament of polypropylene prostheses (Aspide® Group, Surgimesh Implant) were used. The prostheses were fixed on the posterior and on the anterior face of the vagina with absorbable sutures (Ethicon Vicryl Polyglactin 910 @ 2/0, 26 mm, ½ c), tie and fixed on the sacrum with Absorbatack 5 mm and permanent sutures (Mersuture 1).

Results

The operating time was ninety minutes. Micro-laparoscopic Instruments were manipulated easily. The patient was discharged the next day with no cutaneous stitches, only steri-strips were applied over the 3mm cutaneous incisions.

Conclusion

Laparoscopic sacral colpop-hysteropexy can be safely performed using 12-mm umbilical, 2 mm supra-pubic and 2-mm lateral ports. The use of mini-laparoscopic techniques resulted in decreased early postoperative incisional pain, avoided late incisional discomfort, and produced superior cosmetic results. Although improved instrument durability and better optics are needed for widespread use of miniport techniques, this approach can be routinely offered to many properly selected patients undergoing elective LSH.

Disclosures

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