

POSTERIOR COMPARTMENT PROLAPSE SURGERY USING POSTERIOR REPAIR QUANTIFICATION (PR-Q)

Introduction

Posterior repair quantification (PR-Q) provides a clear set of four measurements i.e. Perineal Gap (PG – Level III); Posterior Vaginal Vault Descent (PVVD – Level I), Mid-Vaginal Laxity (MVL – Level II) vault undisplaced, and Rectovaginal Fascial Laxity (RVFL – Level II). These act as objective surgical indicators which may enable consistent, favourable peri-operative surgical anatomical outcomes and a near identical visual outcome.

Design

This video demonstrates the use of PR-Q as a technique for posterior compartment prolapse surgery. Particular emphasis is placed on the (i) PVVD measurement; (ii) PG measurement; (iii) Excision of PG and repair as the Level III surgical initiative; (iii) Minimal dissection in the rectovaginal space; (iv) Direct visualization of the sacrospinous ligament using a Miya speculum at 7 o'clock, a narrow Deaver retractor at 1 o'clock and a Yankauer sucker, all for retraction; (v) Insertion of 2 permanent sutures into the sacrospinous ligament; (vi) Limited need for Level II surgical initiatives generally such as rectovaginal suturing and skin excision.

Results

In using the PR-Q measurements as a perioperative tool, posterior compartment defects have been found to be more at the vaginal vault (Level I – mean 6.0cm for PVVD) and vaginal introitus (Level III – mean 2.9cm for PG) than at the mid-vagina (Level II – mean 1.3cm for MVL [vault undisplaced] and 1.1cm for RVFL).

In 300 consecutive posterior repairs, mean cumulative surgical outcomes (%) at the different Levels were: (i) Level I: Overall 98% reduction in defect (PVVD [6.0cm to 0.2cm - Point C similar reduction), 99% if SSC performed (84% cases) or 83% if SSC not performed (16% cases); (ii) Level II: 85% reduction in defect (MVL [1.3cm to 0.2cm) - Points Ap, Bp similar reductions); (iii) Level III: Elimination (100% reduction) of defect (PG) with 30% reduction in the Genital Hiatus (GH).

Conclusion

PR-Q posterior compartment surgical (pre- and immediately postop) markers enable (i) identification of anatomical defects; (ii) precise surgical planning; (iii) consistent, favourable anatomical and visual surgical outcomes for each Level I-III.

References

1. Neurourol Urodyn 35(2):137-168; Int Urogynecol J 27(2):165-194.
2. Int Urogynecol J 27:741-745; Neurourol Urodyn 34(S3): S130-131

Disclosures

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