

Start	End	Topic	Speakers
17:00	17:05	Welcome and Introduction.	Matthew Izett-Kay Joan Melendez-Munoz
17:05	17:15	Lateral suspension technique	Joan Melendez-Munoz
17:15	17:30	Mesh Hysteropexy	Matthew Izett-Kay
17:30	17:45	Meshless hysteropexy	Masha Ben Zvi
17:45	18:00	Laparoscopic Colposuspension	Natalia Price
18:00	18:15	Sacrocolpopexy step-by-step	Stefaan Pacquée
18:15	18:35	Break	None
18:35	18:50	Management of complications and reoperations	Matthew Izett-Kay
18:50	19:30	Discussion	Matthew Izett-Kay Natalia Price Masha Ben Zvi Joan Melendez-Munoz Stefaan Pacquée

Description

Laparoscopic pelvic floor surgery has emerged as a key component of offering patient choice for the management of vaginal prolapse and stress incontinence. This workshop will provide an overview and update on current laparoscopic pelvic floor surgical techniques with detailed support on patient selection and surgical steps. With concerns around mesh, it will also explore the role of absorbable and autologous techniques such as the use of fascia lata for apical suspension.

It will also be an opportunity to attendees to improve their laparoscopic skills through simulation with an experienced and renowned approachable faculty. from around the world who undertake procedures in high volume on a regular basis.

Laparoscopic sacrocolpopexy is widely recognised as the gold-standard for women post hysterectomy apical prolapse, supported by Cochrane meta-analysis. However the use of polypropylene mesh presents challenges in some jurisdictions and some patients are averse to permanent implants. Appropriate governance and surgical techniques will ensure attendees offer the procedure safely and effectively. Laparoscopic Sacrohysteropexy is less well supported by the evidence but increasingly used. The same challenges surrounding mesh use apply as for sacrocolpopexy. Both procedures are being undertaken in some centres using autologous tissue to avoid mesh use but this practice is poorly supported by data.

With the synthetic mid urethral sling suspended or under restricted use across the globe, many clinicians have turned to laparoscopic colposuspension, the efficacy of which is supported by Cochrane meta-analysis. However wide-spread surgical familiarity with the procedure is lacking and questions remain over safety and efficacy in the longer term.

Attendees will leave the session comfortable with the data that underpin the use of laparoscopic pelvic floor surgery to counsel patients more thoroughly. They will be aware of safety considerations and setting up a safe service. Finally, they will develop familiarity with the surgical steps and equipment.

Key learning points will include:

- Evidence supporting safety of principle procedures
- Evidence supporting efficacy of principle procedures
- Appropriate patient selection and governance
- Surgical techniques step-by-step and theory
- Hands on familiarity with steps and surgical set-up.

Take home messages:

- Laparoscopic surgery is well established as a tool for pelvic floor reconstructive surgery
- Mesh augmented apical surgery is supported by high-quality data
- Laparoscopic colposuspension is supported by high-quality data
- Autologous and absorbable alternatives are emerging as an alternative to mesh with limited data

Our faculty are widely published and clinically active across the world, many in tertiary centres, allowing attendees the benefit of insights from across the globe and from different healthcare environments. They are all involved in post graduate education and this will allow an immersive workshop supported by didactic as well as hands-on training.

Aims of Workshop

We want to provide an update on current laparoscopic pelvic floor surgical techniques and the materials available other than polypropylene mesh (absorbable sutures, fasci lata...).

We will also provide a hands-on experience for attendees to improve their laparoscopic skills through simulation (with pelvitainers) with an experienced and approachable faculty.

Educational Objectives

We will have 40 participants, to be divided into 2 groups of 20.

The workshop will have 2 parts, ideally 2 rooms or separate spaces.

While one group will listen to the lectures of the different techniques and have time for questions and discussion, the other will have time to practice with the Pelvitainers under direct supervision of the rest of the faculty.

The lectures will be 10-12min long

Each block will be 80min, we will have a 20-25min break and then another 80min in the other room.

It will be a complete workshop providing an update on techniques, tips and tricks and new use of different materials and at the same time they will be able to practice those tips and recommendations on how to perform laparoscopic surgery.

Learning Objectives

1. Have an update on laparoscopic techniques to treat prolapse and incontinence.
2. Understand the use of non-mesh techniques and which materials can be used.
3. Hands on practice of laparoscopic suturing through mesh and non-mesh options

Target Audience

Urology, Urogynaecology and Female & Functional Urology

Advanced/Basic

Intermediate

Suggested Learning before Workshop Attendance

Laparoscopic suture sacrohysteropexy: A meshless uterine- sparing technique for surgical management of uterine prolapse
N Thanatsis, M Ben Zvi, A S Kupelian, A Vashisht

Laparoscopic lateral suspension for pelvic organ prolapse: A systematic literature review.

Campagna G, Vacca L, Panico G, Caramazza D, Lombisani A, Scambia G, Ercoli A. Eur J Obstet Gynecol Reprod Biol. 2021 Sep;264:318-329

Laparoscopic and open burch colposuspension for stress urinary incontinence: advantages and disadvantages.

Obaid AA, Al-Hamzawi SA, Alwan AA. J Popul Ther Clin Pharmacol. 2022 Jun 16;29(2):e20-e26

Total Autologous Fascia Lata Sacrocolpopexy for Treatment of Pelvic Organ Prolapse: Experience in Thirty-Four Patients.

