



A NEW PROCEDURE FOR PELVIC FLOOR RECONSTRUCTION WITH AN ADDITIONAL APICAL FIXATION OF THE VAGINA (SURELIFT SYSTEM)

Introduction

In surgical management for treating pelvic organ prolapse, the use of surgical meshes has become increasingly common, especially for cases of recurrent pelvic organ prolapse. Four-armed meshes are usually used for the reconstruction of the cystocele. The anterior distal part of the mesh are inserted around the descendent pubic branch and the dorsocranial arms are fixed on the arcus tendineus near the ischia spine, inserted with a tunneler through the obturator foramen behind the musculus obturatorus internus. Using this procedure the cystocele can be corrected well. However, the apical part of the vagina is not suspended sufficiently. This problem often appears in cases with a long vagina and can lead to a relapsing level-I prolapse. The mesh also tends to wrinkle due to insufficient tension of the mesh in longitudinal direction.

Another problem of this technology is that the distance of both arm pairs is fixed and cannot be adjusted to the individual length of the vagina and the pelvic shape.

Design

In this video a new adjustable system for treating pelvic organ prolapse is introduced. There is an additional fixation of the mesh at the sacrospinous ligament, so that the level I can also be well fixed. Here the mesh is stretched in longitudinal direction to prevent the formation of wrinkles. The fixation at the sacrospinous ligament follows through an easily placeable anchor system, thus avoiding a more invasive procedure with the usual tunneler. The thread fixation can be adapted individually to the suspension. The length of the mesh can be varied optimally for each individual situation through an incision in the distal-caudal part of the mesh. With this method we have a stable fixation and the mesh is tension-free and without wrinkles. This 6-point fixation comes closest to the physiological position of the vagina. Additionally, this system is adaptable to every vaginal and pelvic shape. The same procedure can be also applied for the posterior pelvic floor prolapse (rectocele). Here it is possible with an adaptable mesh to correct the prolapse of the posterior vaginal wall.

Results

The described operation procedure has been applied for a year with great success in 20 cases. There was no case of recurrent prolapsed and no case of mesh erosion.

Conclusion

The adjustable SureLIFT-system is a promising method for reconstruction of pelvic floor with an additional suspension of level one without wrinkling of the mesh. A new minimal invasive anchor-system substitutes a more invasive tunneler with penetration of the ischiorectal space.

Specify source of funding or grant

Is this a clinical trial?

What were the subjects in the study?

Was this study approved by an ethics committee?

This study did not require ethics committee approval because

Was the Declaration of Helsinki followed?

Was informed consent obtained from the patients?

None

No

HUMAN

No

this is an admitted operation procedure and it is not necessary to require ethics committee.

Yes

Yes