



Analysis of the implementation of laparoscopic colposacropexy in the treatment of pelvic organ prolapse: perioperative results.

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INTRODUCTION:

The colposacropexy (CL) is an alternative treatment of pelvic organ prolapse (POP) with a high success rate and few complications.

MATERIAL AND METHODS:

Prospective analysis of the first 45 procedures performed from November 2011 to November 2013. The mean age was 67 years (35-81). Average of three pregnancies (1-6). Urgency in 21 patients (46.6%), IUU 14 (31.1%) and SUI 21 (46.6%). 10 patients (22.2%) had a history of previous POP surgery.

Table 1. Prolapse Grade

	Anterior	Anterior-Medial	Medial	Medial-Posterior	Complete	TOTAL
GRADE II	2	0	0	1	0	3
GRADE III	17	6	1	2	1	27
GRADE IV	1	5	2	0	7	15
TOTAL	20	11	3	3	8	45

Non absorbable polypropylene mesh (Uplift ®) was implanted in 40 cases. In young sexually active women (<50 years), was used a partially absorbable mesh (Seratex ®) . The promontofixation was performed using nonabsorbable suture in 91.1% and in 8.9% was used Protack.

RESULTS:

Average duration of the procedure of 224 minutes (120-360). Simultaneous hysterectomy in 3 cases and suburethral sling in 2. The average stay was 4.1 days (3-10). The average until removal of the bladder catheter was 2.9 days (2-10). Intraoperative complications in 7 patients (15,5%): lbladder injury (6) and rectal injury (1), rdetermined in all cases by primary suture without complications. No patient required transfusion or reconversion.

Table 2. Early Complications (30 days).

	Cases	Treatment	Clavien-Dindo
Urinary Syndrome	1	Conservative	I
Slight vaginal bleeding	1	Conservative	I
Constipation	6	Conservative (1 persistent)	II
Subcutaneous emphysema	1	Conservative	II
Trocar wound infection	1	Conservative	II
ITU	3	Antibiotherapy	II
Vaginal erosion	1	Primary suture	IIIa
Vesical suture by UPO	1	Endoscopic section. derivation	IIIa
Ureteral fistula	1	Urinary Derivation	IIIa

High rate of satisfaction at 6 months (97,7%) except of one case with persistent constipation. There is no recurrence of prolapse, reoperation, or erosion of the mesh, currently .