



P38. ENDOSCOPIC LATERAL SUSPENSION USING THE T-SHAPED MESH IMPLANT AS AN EFFECTIVE AND SAFE METHOD FOR CORRECTING THE APICAL PROLAPSE OF THE GENITALS

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Context

The pelvic prolapse rate 50-60% in the population, and the surgical correction of prolapse using only own tissue is accompanied by a relapse of 30-60%. Laparoscopic sacrocolpopexy is one of the "golden standards" in the correction of apical prolapse, but it's a technically difficult and a long-lasting operation which requires the highest surgeon's level. This dictates the need to search new methods and assess their effectiveness.

Objective

Using a T-shaped polypropylene mesh prosthesis has shown the effectiveness of the operation, the reduction of pelvic organ prolapse and allows us to recommend this method as a possible alternative to sacrocolpopexy.

Methods

The T-shaped polypropylene mesh implant fixed of the prosthesis in the cervical stump area (17 patients), with preservation of the uterus (4), with vagina dome prolapse (4), additional fixation in the area of the front vagina wall to the level of the lower third. The mesh sleeves are withdrawn through the formed tunnels under the parietal peritoneum of the anterior abdominal wall to the skin, at a point 4 cm higher and 2 cm lateral from the anterior upper Iliac spine.

Patients

The age of patients varied from 44 to 68 years old, which made on average 57,9±6,7 years old. Assessment of the severity of the prolapse has been carried out according to the classification POP-Q. Indications for surgical treatment were considered: cystocele 2-3 stage, with the uterus prolapse 2-3 stage, vaginal dome prolapse. 8 people have been diagnosed with a stress urine incontinence, 6 of which has been stopped after operation.

Interventions

The duration of the operation varied from 55 to 115 minutes. An additional factor in the duration of surgical treatment was carrying out of hysterectomy. The blood loss during the operation averaged to 100 ml. 1 patient has been diagnosed with a bladder injury, which required suturing the defect with catheterization up to 7 days after the surgery.

Result

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The follow-up examination was carried out in 1, 6 and 12 months. 15 patients achieved stage 0, 6 patients- stage 1. 21 of 25 patients had a significant improvement after surgery in the following indicators: feeling of foreign object in the vagina area, lack of complaints on pelvic pain, obstructive or urgent urination.

Conclusions

Analysis has shown that lateral suspension using a T-shaped implant in correcting apical prolapse of the genitals is an effective, technically accessible and safe alternative to sacropexy.