

# Laparoscopic Sacrocolpopexy

## Questions

Dr Olivier JOURDAIN

Clinique Jean Villar  
BRUGES- BORDEAUX



# Pre-operative screening ?

POP-Q Score and PFIQ 7

Urodynamic testing

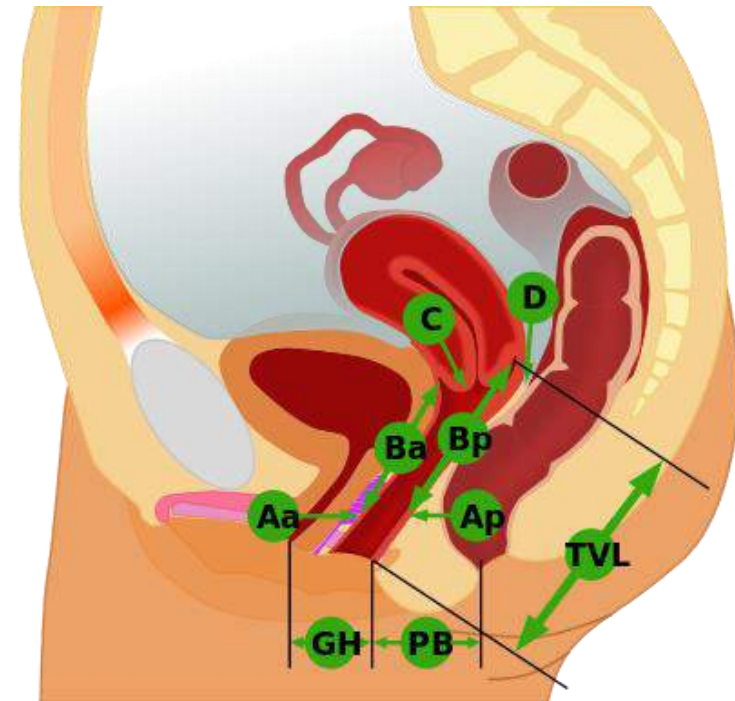
but importance of office based evaluation of SUI

Cervical cytology

Pelvic ultrasound examination

Standard biology

Written informed consent



# Which approach for sacrocolpopexy ?

## Laparoscopy > laparotomy

- Shorter hospital stay
- Shorter recovery
- Reduction of post operative pain

But

- Learning curve 18 - 40 procedures
- Operative time longer at the beginning

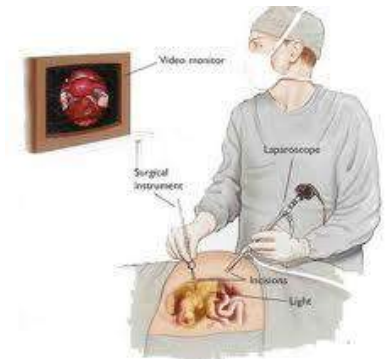
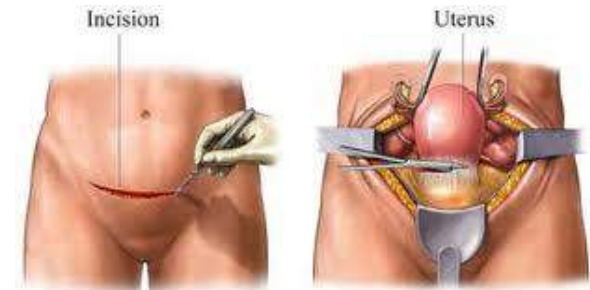
## No increasing morbidity with laparoscopy

- Paraiso Am J Obstet Gynecol 2005
- Hsiao J Endourol 2007

## What about robotic surgery ?

- Randomized controlled trial
- More pain
- Higher costs
- Longer operative time in the robotic group

Paraiso Obstet Gynecol 2011



More data requested



# Total, supracervical or no hysterectomy ?

Hysterectomy in case of uterus disease

No benefit of hysterectomy on pelvis organ repair

Costantini E, Eur Urol 2005

Mesh exposure risk

Supracervical hysterectomy /conservation	0 - 1%
Total hysterectomy	8 - 27%

Bensinger G Am J Obstet Gynecol 2005

Longer operative time with hysterectomy, specially total hysterectomy

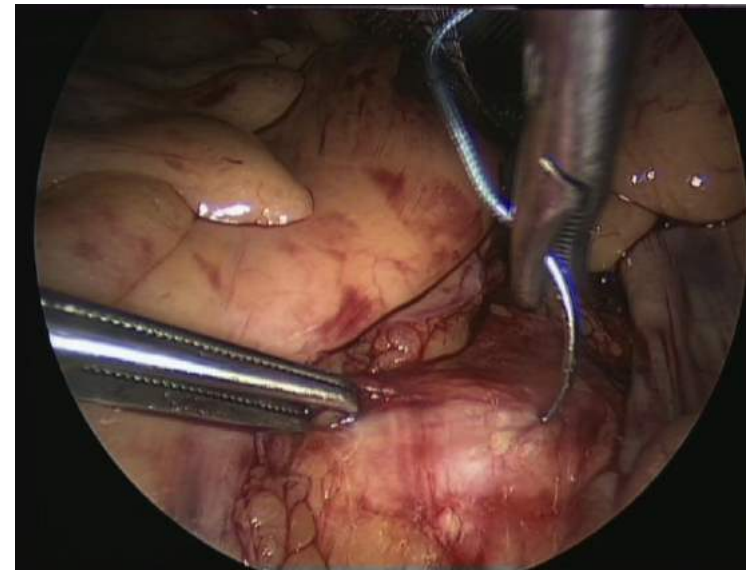
Cancer risk ? No data available, preoperative screening ++

# Tackers ? Suture ? Glue ?

## Presacral ligament

- **Avoid tackers on presacral ligament**
- Case reports of spondylolysis  
Boukerrou JGOBR 2003
- Suture is stronger and lasts longer  
Hauge Eur JOG 2000

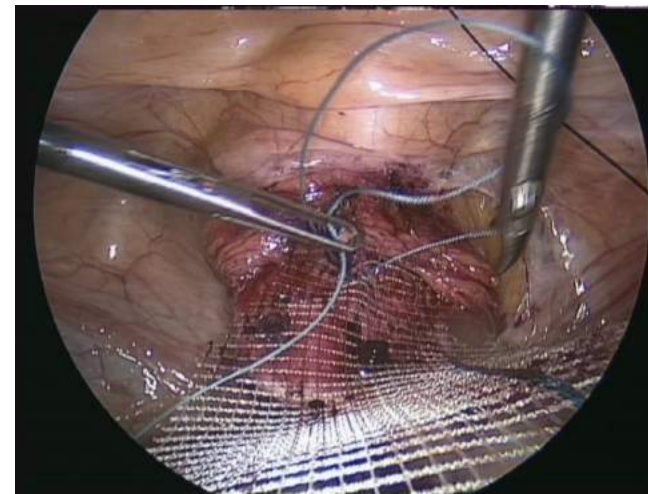
Glue : no data available



# Tackers? Suture ? Glue ?

## Vagina, elevators

- Be careful of transfixing suture through vaginal wall
- Risk of mesh exposure
- Avoid titanium tackers
- Check vaginal walls at the end of the procedure
- Glue ? Ongoing studies ...
- Reduce operative time



# Which mesh ?

- **Les implants recommandés doivent répondre aux spécifications suivantes :**
  - plaque prothétique non résorbable ;
  - constituée uniquement de monofilaments de polypropylène tricotés ou de multifilaments de polyester tricotés ;
  - grammage inférieur à  $150 \text{ g/m}^2$  ;
  - taille des pores du filament constitutif (à ne pas confondre avec les pores entre mailles après tricotage des filaments) : supérieure ou égale à 10 micromètres.

Polypropylene mesh seems to reduce risk of mesh exposure

Ganatra A Eur Urol 2009

Boulangier JGOBR 2005



# Do we always need a posterior mesh ?

Risk of post operative constipation

Spontaneous resolution in 6-9 months      Xiromeritis Hyppokratia 2009

Increase operative risk ?

Rectal wound < 2%      Ganatra AM Eur Urol 2009

Transvaginal rectocele risk higher without posterior mesh

Posterior mesh is recommended but

tension free

wide enough

Gadonneix P J AAGL 2004



# Stress Urinary Incontinence treatment ?

40% of patients with genital prolapse have SUI

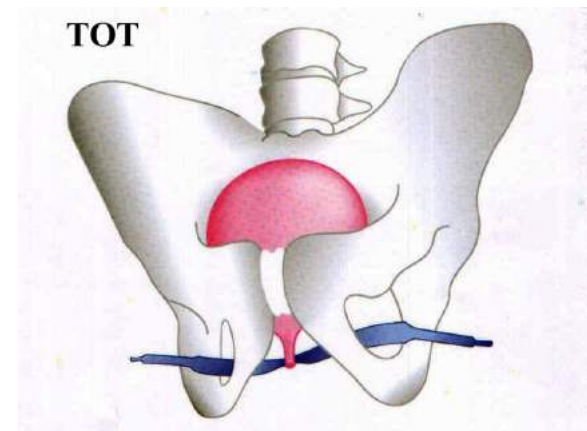
9 - 45 % have SUI after sacrocolpopexy

Use of transvaginal tape is not useful among patients without preoperative SUI

Maher C Cochrane Database 2010

**Transvaginal tape only if preoperative SUI**

Preoperative urodynamic testing +++



# Peritonization ?

- The aim is to avoid bowel occlusion or bowel erosion

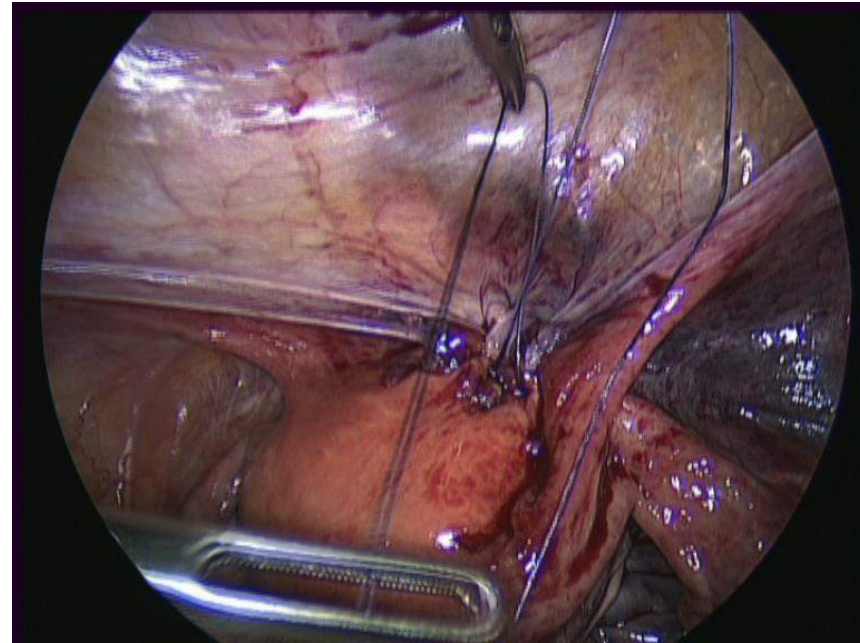
No data available about patients without peritonization

Some case reports of accidents without peritoneum suture

Elneil BJOG 2005

Special care with V-Loc™

Mise en garde Gynerisq 2012



# Conclusion

Sacrocolpopexy is still the gold standard of vaginal prolapse treatment

Learning curve of this procedure is quite long

Parts of this procedure remain to standardize

Transvaginal tape is useful only in case of SUI

Risk of mesh exposure is very low

Informed consent is requested

