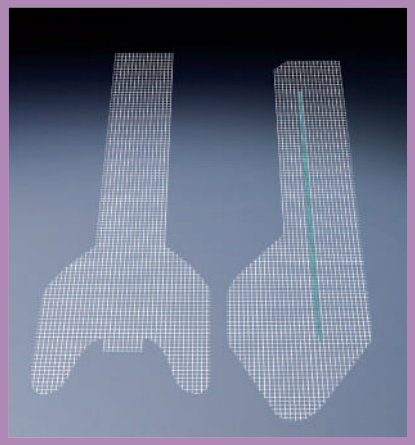
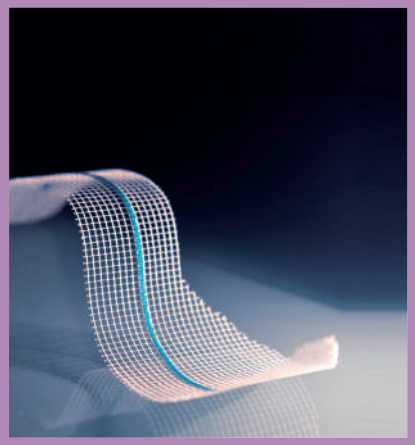
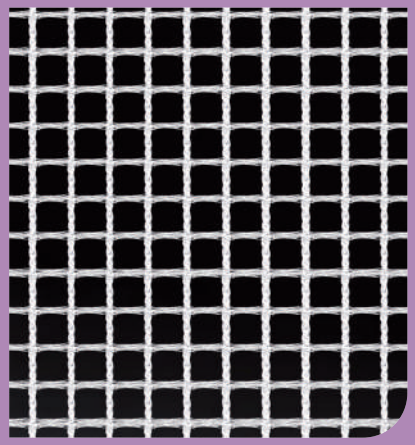
Sacrocolpopexy Surgical Technique with the **Sacromesh**

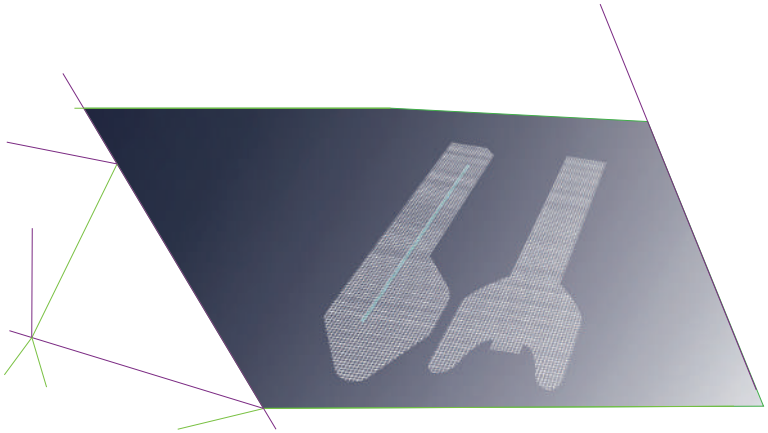
The shape that simplifies your surgery

Sacromesh 9

COUSIN BIOTECH

About the Sacromesh

- Knitted polypropylene monofilament
- Lightweight and macroporous material: 38 g/m^2



Sacromesh is a ***pre-shaped mesh*** avoiding over-handling, which perfectly fits to the patient anatomy.
The ***visual identification*** of the anterior implant eases its implantation.
The ***shape memory*** of the knit is ideal for a laparoscopic approach.

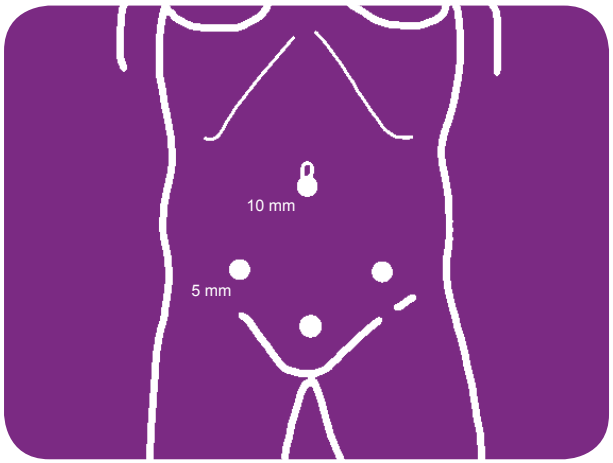
Patient installation

The surgical table is set with Trendenlenburg.The patient is positioned in dorsal position, table and head leaning 40° downwards, legs half bent.

4 trocar sites:

- 10 mm umbilical trocar (camera)
- 2 sus pubic trocars, situated 5 cm below the umbilical line (5mm)
- 1 central trocar on the pubo-umbilical line (10-12 mm).

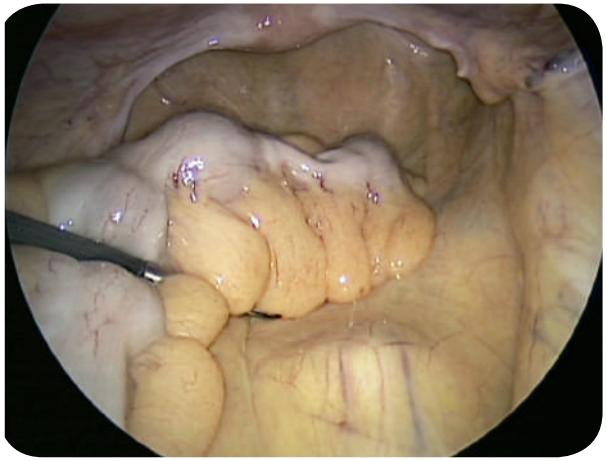
The minimal distance between the umbilical camera and the central trocar is around 6 cm.



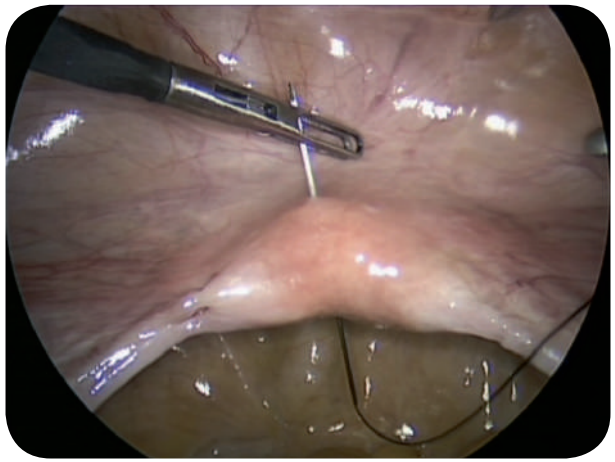
Trocar sites

1st step: Laparoscopic panoramic exploration

The sigmoïde is pushed away to the left to reveal the promontory and the right para-rectal fossa.
If necessary, a suture of the mesosigmoïd and of the uterus to the abdominal wall is possible, to clear out the operating field.



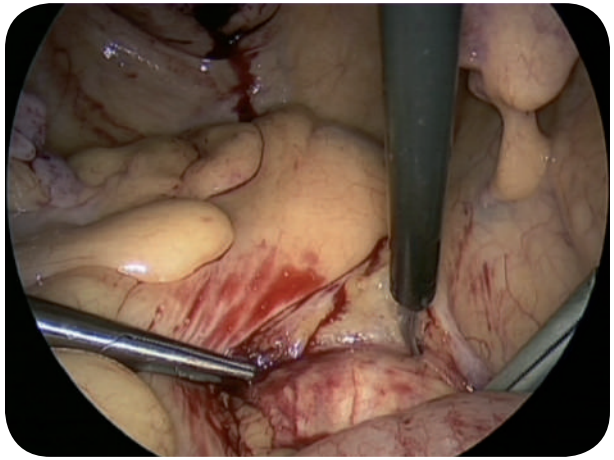
Pelvis exploration



Suture of the uterus

2nd step: Exposition of the promontory

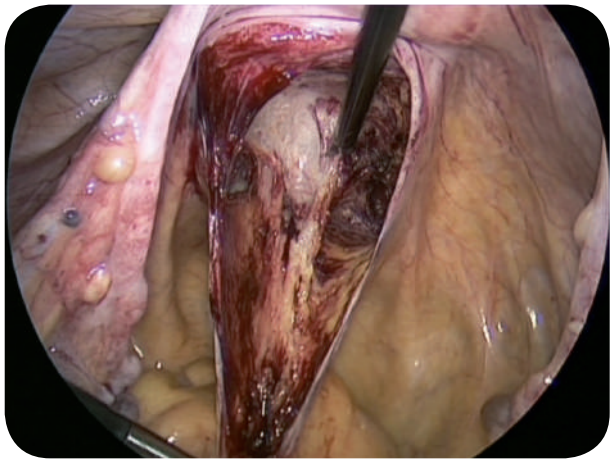
Incision of the peritoneum on the promontory to the right of the intestine.
After locating the right ureter, the left primitive illiac veine and the medial sacral pedicule, the incision is carried on vertically accordingly to the future layout of the mesh.
Identify the prevertebral ligament to preserve it safely. The posterior cul-de-sac is exposed with a valve which facilitates the recto-vaginal and vesico-vaginal cleavage.



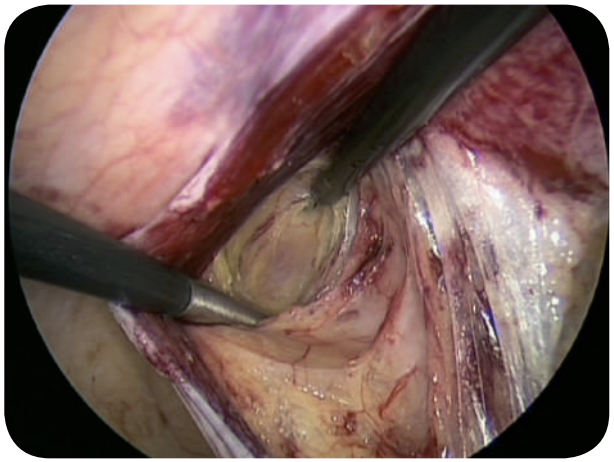
Dissection of presacral ligament

3rd step: Recto-vaginal dissection

The peritoneum is opened in a transversal way. The posterior vaginal wall and the rectovaginal septum are liberated from the rectum.
Peritoneum is incised between the root of the uterosacral ligaments and the rectum. The rectum is then cleavaged on the median line, then laterally.
The dissection always reaches the pelvic floor with the liberation of the ani levator muscles.

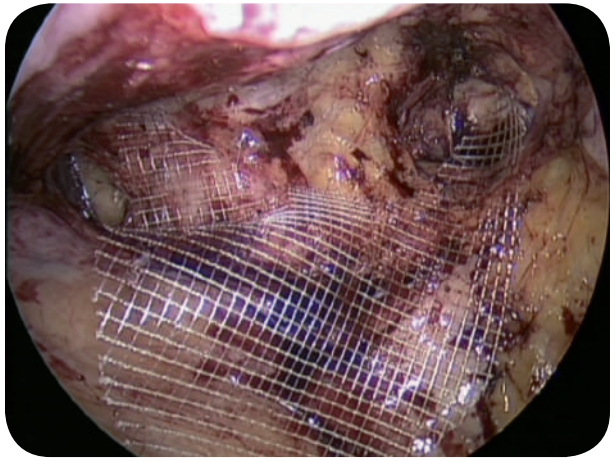


Dissection of para-rectal space

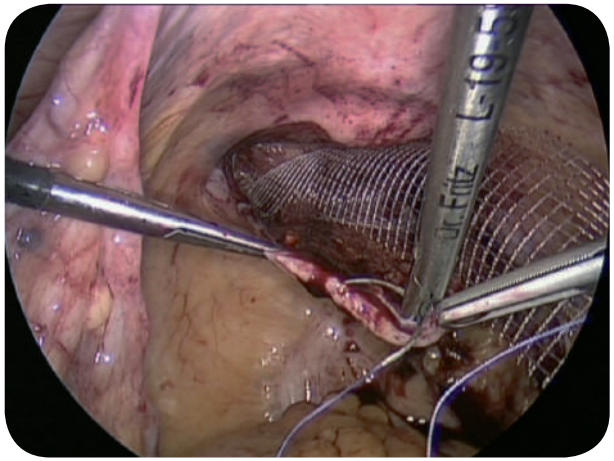


4th step: Posterior mesh positioning

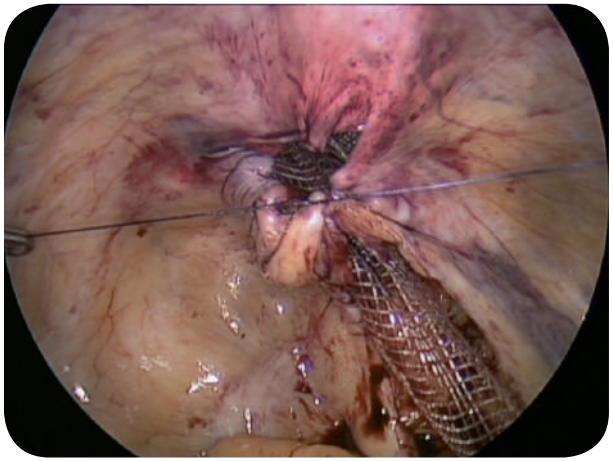
Feet of the Sacromesh are placed on the levatorian floor and fixed with suture threads. Two suture points will be placed on each side of the ano-rectal junction, on the posterior side of the vagina. The anchoring of the posterior Sacromesh will then be made on the upper part of the levatory floor. The posterior peritonization includes the uterosacral ligaments in their juxta-isthmic junction. The posterior Sacromesh has to be positionned without tension. It is on physician convenience to suture or not the posterior mesh on the promontory.



Posterior mesh positionning

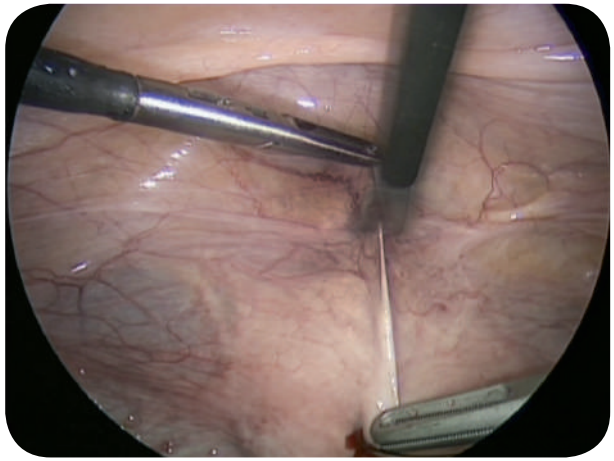


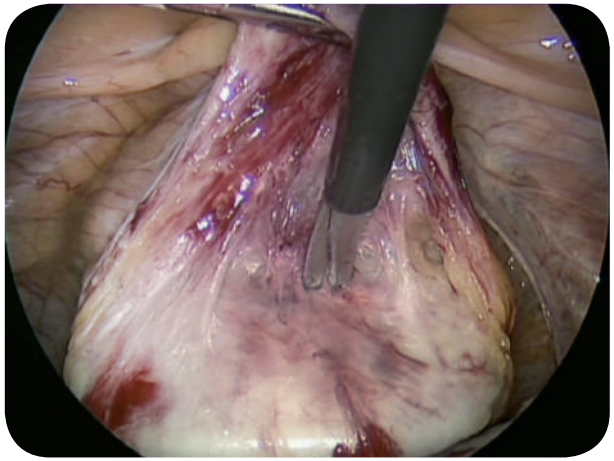
Peritonization of the posterior mesh



5th step: Vesico-vaginal dissection

The anterior dissection is carried further down. However it never reaches the vesical trigone. Hysterophore dissection, symetrical dissection of the vesico-vaginal cheeks. The anterior vaginal wall and the pubo-cervical fascia are then liberated from the bladder. It is important that the liberation concerns the whole surface of the cystocele, especially laterally.





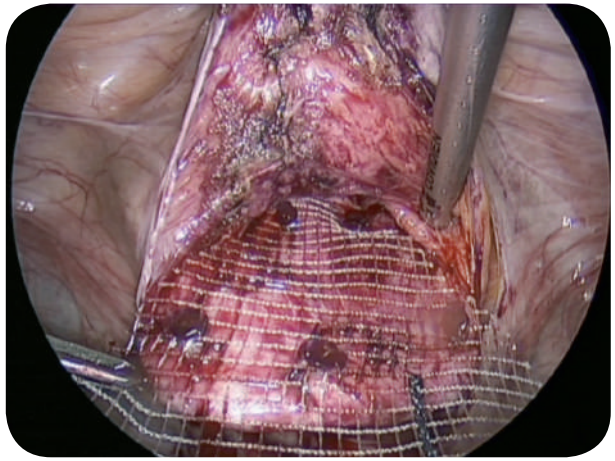
Dissection of the anterior vaginal wall

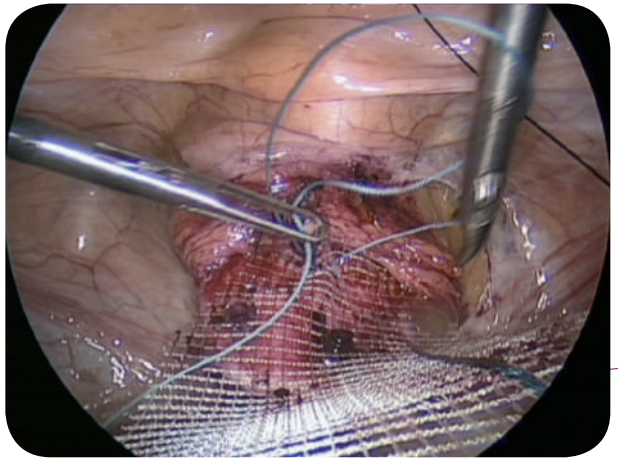
6th step: Anterior mesh positioning

On the retro-vesical vagina:

- 1 median point of Mersuture 2/0 to stabilise the mesh
- 2 lateral points on the vaginal cheeks
- 1 point on the uterus isthmus after having pulled gently the mesh to retract the anterior prolapse.

If there is an history of hysterectomy, 2 points on the bottom of the vagina are applied.

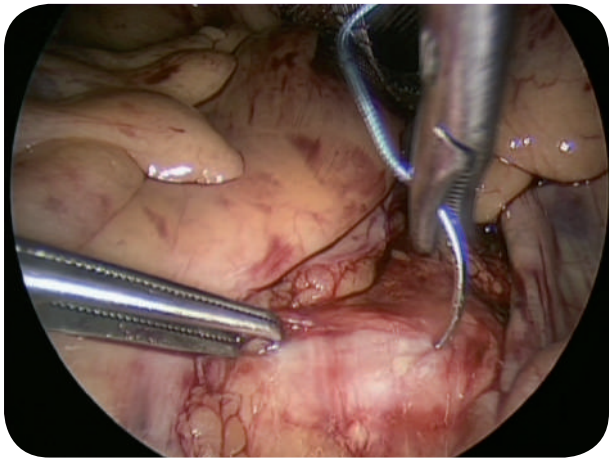




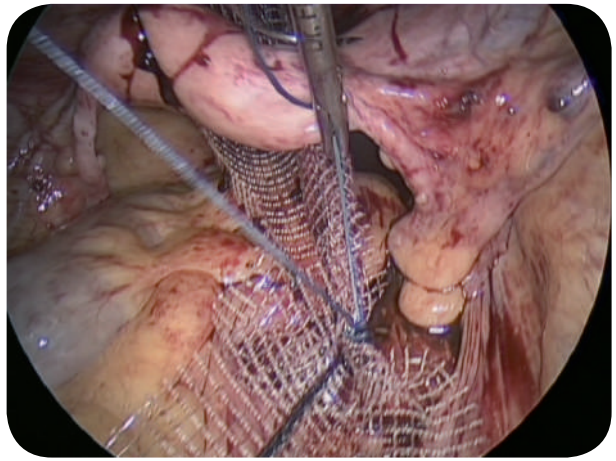
Anterior Sacromesh positionning

7th Step: Adjustment of the suspension

Adapted and moderated traction of each mesh: the posterior first (if the posterior mesh is attached), then the anterior. The peritonization starts after cutting off the excess of meshes.



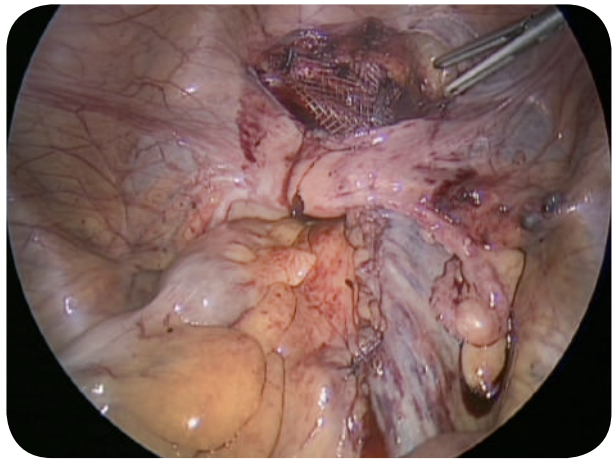
Needle passing on the pre sacral ligament



Mesh fixation on the pre sacral ligament

8th step: Peritonization of the vesico-uterin, Douglas cul-de-sacs and of the promontory.

Closure of the anterior peritoneal incision. The posterior peritonization is less easy. Starts from the right peritoneal edge of the incision of the para-rectal fossa, then carried to posterior peritoneum up to the left uterosacral, coming back to the uterine isthmus and finally using the right peritoneum to close the pars flaccida.



Peritonization of the anterior mesh

Special thanks to ***Dr Olivier Jourdain***
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Notes

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Sacromesh SOFT P9 is a class IIb medical device manufactured by COUSIN BIOTECH. It's evaluation and conformity has been carried out by SGS0120.
The management system of COUSIN BIOTECH has been certified as meeting the requirements of ISO 13485.
Please read instructions for use of each product carefully.
Reference: TOGMP9GB01 - 25/06/14