

## VAGINALLY ASSISTED LAPAROSCOPIC UTERINE SACROPEXY (VALUES), A NOVEL APPROACH IN THE SURGICAL TREATMENT OF ADVANCED UTERINE PROLAPSE

**Introduction** Uterine preserving prolapse surgery is increasingly becoming popular and viewed as an alternative to vaginal hysterectomy (1,2). The best surgical technique in the treatment of advanced uterine prolapse is still unclear. The aim of this video is to describe the technique of vaginally assisted laparoscopic uterine sacropexy (VALUES) with mesh as a novel surgical treatment for POP-Q stage 3 and 4 uterine prolapse.

**Design** Consecutive 45 women with stage 3 and 4 uterine prolapse who underwent VALUES were evaluated prospectively. Women filled the Prolapse Quality of Life Questionnaire (P-QOL), and underwent examination using pelvic organ prolapse quantification system (POP-Q) pre and post operatively. The mean follow up interval was 18 months (range 6-24 months).

**Results** The mean operative time was 122 minutes (range 45-150 minutes). The average hospital stay was 36 hours (range 22 hours – 3 days). Preoperatively, mean point C (cervix) was +3.7 cm (range +2- +9). At follow up, Point C was < -4 cm in 43 patients (95.6%). There mean total vaginal length was 9cm (range 7.5-9.5 cm), which was not different from the preoperative TVL. There was significant improvement in quality of life domains and storage urinary symptoms. None of the patients had mesh exposure.

**Conclusion** Significant improvement in uterine and apical vaginal support is achieved using VALUES with preservation of the total vaginal length. This is associated with significant improvement in quality of life. Vaginal mesh exposure does not seem to complicate this approach.

### References

1. Costantini E, Mearini L, Bini V, Zucchi A, Mearini E, Porena M. Uterus preservation in surgical correction of uterogential prolapse. Eur Urol 2005;48:642-9.
2. Price N, Slack A, Jackson SR. Laparoscopic hysteropexy: the initial results of a uterine suspension procedure for uterovaginal prolapse. BJOG 2010;117:62-8.

### Disclosures

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