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ASSOCIATED RECTAL AND GENITAL PROLAPS IN FEMALE PELVIC FLOOR DYSFUNCTION CONVENTIONAL SACRO – COLPOPEXY THE « U » POSTERIOR MESH

Introduction

Do the position of the posterior mesh in laparoscopic sacrocolpopexy influence anatomical or functional postoperative results in genital prolapse treatment?

Design

One Hundred and Sixty patients were treated for genital prolapse by laparoscopic sacrocolpopexy between May 2008 and May 2012 in the same center. All the patients underwent DefecoMRI to confirm the genital prolaps and intussusceptions. To treat the patients two large pore size ($\geq 1\text{mm}$) heavyweight (115 g/m²) monofilament of polypropylene prostheses (Aspide Group, Surgimesh Implant) were exclusively used for this technique. The prostheses were fixed on posterior and anterior face of the vagina with absorbable sutures (Vicryl 2/0) and the sacrum with permanent sutures (Mersuture 1). For the patients with anal incontinence and intussusceptions the mesh was fixed on the anterior face of the rectum with Vicryl 2/0. Pre- and post-operative data referring to international pelvic organ prolapse quantitation classification (POP-Q), scores of quality of life and sexuality (French equivalent of the Pelvic Floor Distress Inventory (PFDI), Pelvic Floor Impact Questionnaire (PFIQ) and Pelvic organ prolapse-urinary Incontinence-Sexual Questionnaire (PISQ-12)) were compared. They were contacted and completed postal questionnaires more than one year after surgery and had a follow up in our uro-gynaecology department.

Results

With a mean follow-up of 14.7 months, 154 patients were accessible for evaluation. There was a significant decrease of the anal incontinence, foreign body sensation in the vagina, prolapsed related symptoms and dyspareunia

Conclusion

The association Genital prolapse and Rectal Prolapse, Stool or Gaz Incontinence, Stool Urgency seems high in our experience. We need to check systematically the rectal symptoms in the Female Genital Prolaps. The procedure to treat rectal and genital defect is simple and efficient in middle term.

Disclosures

Funding: I, the undersigned do not have any existing or known future financial relationships or commercial affiliations to disclose: Signed: DEVAL Date: 27 March 2013 I, the undersigned have the following existing or known future financial relationships or commercial affiliations to disclose Signed: DEVAL Dated: 27 MARCH 2013 **Clinical Trial:** Yes **Public Registry:** No **RCT:** No **Subjects:** HUMAN **Ethics not Req'd:** Do the position of the posterior mesh in laparoscopic sacrocolpopexy influence anatomical or functional postoperative results in genital prolapse treatment? **Helsinki:** Yes **Informed Consent:** Yes