

EFFICACY OF CESA AND VASA TECHNIQUES IN THE SURGICAL TREATMENT OF UTERINE AND VAGINAL VAULT PROLAPSE

Hypothesis / aims of study

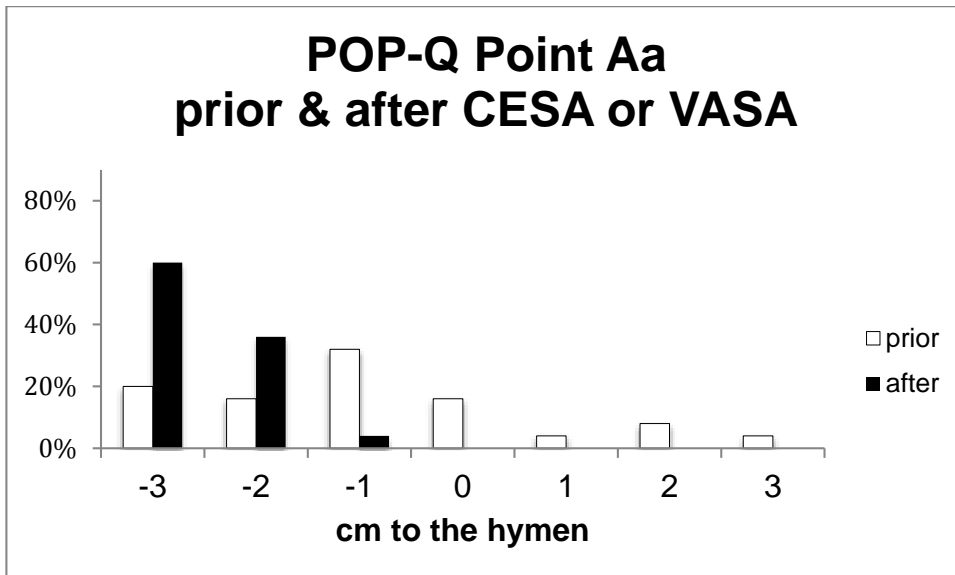
CESA (cervico-sacropexy) and VASA (vagino-sacropexy) surgical procedures are based on the reconstruction of the uterosacral ligaments (USL) with the aim to imitate their anatomy and function as accurately as possible. With these intentions the CESA and VASA surgical techniques can be considered as classic prolapse operations. However, they have so far been introduced as surgical methods for treatment for urgency urinary incontinence (UII) and mixed urinary incontinence (MUI) in women (1). We now report on the outcomes of CESA and VASA surgical procedures in patients with POP-Q stages II, III and IV, and are thereby offer a new reasonable treatment alternative for pelvic organ prolapse - in patients with and without urinary incontinence.

Study design, materials and methods

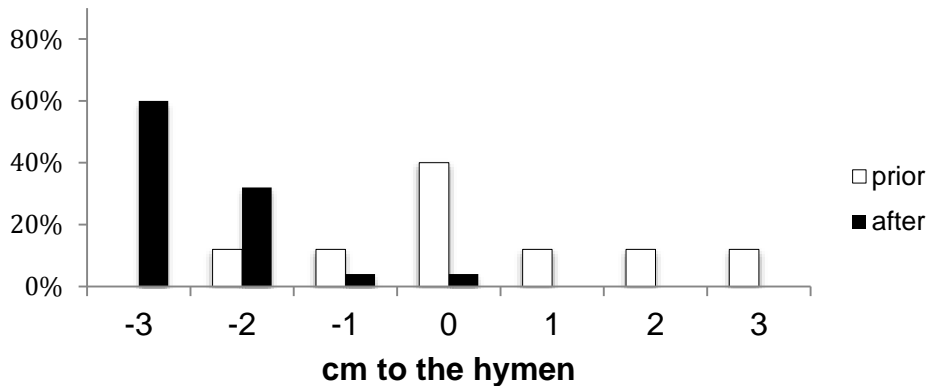
An observational study to assess the effect of surgical replacement of the uterosacral ligaments by CESA and VASA on uterine and vaginal vault prolapse POP-Q stages II, III and IV. Measurements of the respective points (Aa, Ba, C) and total vaginal length (tvL) were done according to the POP-Q quatification system before and after CESA and VASA surgery. Incontinence symptoms were assessed previous before and at least 4 until 24 months after CESA or VASA operations. Assessment of incontinence symptoms was done by means of with questionnaire containing items of the Birmingham Bowel and Urinary Symptoms Questionnaire (BBUSQ-22), the International Consultation on Incontinence Modular Questionnaire (ICIQ-SF), the Patient Global Impression of Improvement (PGI-I) questionnaire and the King's Health Questionnaire (KHQ).

Results

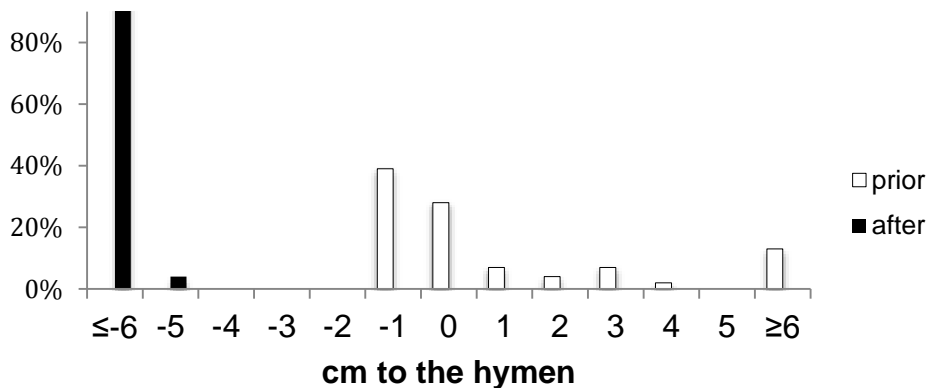
46 women aged 31 to 92 with and without urinary incontinence underwent surgical treatment for CESA and VASA on pelvic organ prolapse. After CESA and VASA surgical treatment all patients had a clinical POP-Q stage 0 regarding the apex of the vagina. After surgical treatment with CESA and VASA point C was at -5 cm due to cervical elongation in 4% (n=2) of the patients.



POP-Q Point Ba prior & after CESA or VASA



POP-Q Point C prior & after CESA or VASA



Previous to surgical treatment Preoperatively 56.1% of patients had elevated post void residuals. Postoperatively 100% of patients had post void residuals less than 50ml.

Before CESA and VASA surgical treatment >60% of patients complained of urgency and mixed urinary incontinence symptoms. After CESA and VASA surgical treatment 20% of patients were complaining about Urgency and mixed urinary incontinence. No de novo SUI or de novo UII could be were observed. No erosion or dyspareunia were reported after CESA and VASA operations.

Interpretation of results

In surgical treatment performing the By CESA and VASA technique operations urinary symptoms could be cured in more than 60% of the patients. No prolapse of the apex of the vagina was seen postoperatively. A reduction of cystoceles was seen in all patients postoperatively, in 60% of patients cystoceles disappeared.

Concluding message

CESA and VASA are new effective surgical approach to restore pelvic anatomy and urinary continence function.

References

1. Jäger W, Mirenska O, Brügge S. Surgical treatment of mixed and urge urinary incontinence in women. Gynecol. Obstet. Invest. 2012;74(2):157-64

Disclosures

Funding: Travel expenses by the FEG, Textiltechnik mbH, Aachen, Germany **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** University of Cologne, Ethical Committee **Helsinki:** Yes **Informed Consent:** Yes