

IMMEDIATE AND LONG-TERM RESULTS OF LAPAROSCOPIC PROMONTOPEKSY

Hypothesis / aims of study.

We made the prospective analysis of intra- and postoperative complications of laparoscopic mesh-promontopexy. We estimated the functional and anatomical results of the operation, and evaluated the life quality of patients before surgery and in the period of 6/12/24 months after it. The average observation period was $4,5 \pm 2,2$ years. The safety and efficiency of the method and the satisfaction of the patients with the treatment was confirmed.

Study design, materials and methods.

In the period of 2005 - 2013 there have been operated 114 women with genital prolapse of the stage II-IV. During 8 years a prospective observation of the patients is conducted and early and late complications, anatomical and functional results are being estimated. The degree of prolapse is estimated by the system POP-Q (1996), preoperative preparation includes clinical and laboratory examination, ultrasound of urethra-vesical segment (3-4D), x-ray techniques - evacuation proctography, urodinamic evaluation for the diagnosis of the forms and the severity of urinary incontinence. The evaluation of the life quality before and after the surgery with the use of questionnaires (PFIQ-7, PEDI-20) is made. The operation is performed according to standard procedure (Wattiez A., 1997). In 33 cases vaginopexy was performed, in 70 cases cervicopexy, in 11 cases hysteropexy. In 75 cases (66%) underwent subtotal hysterectomy, in 18 cases (16%) of total hysterectomy, 21 women (18%) was absent uterus (it was removed earlier). 18 patients were operated due to recurrent prolapse after previous plastic surgery with vaginal access. From the total number of 114 women there was conducted simultaneous correction of urinary incontinence in 37%: suburethral sling TVT-O is set 33 patients, TVT-Ajust 1 patient, TVT-Secur 5 patients, TVT-Abbrevio - 3 patients. Paravaginal mesh-reparation was made in 3.5%. Excision of endometriosis infiltrates sacro-uterine ligaments, the vaginal wall was made in 6 cases (5.3%).

Results.

The average surgery time was 160 (± 20) minutes. There was intraoperative injury of the rectum in 0,9%. In one case there was wound bladder. Erosion of the vaginal wall in 3,5%. Recurrence of prolapse after 3 months came in 0,9%. Pericute hematoma in 2,6%. Incontinence DeNovo in 1,7%. Small bowel obstruction on the 15th day appeared in 0,9%. Left leg vein thrombophlebitis on day 11 in 1,8%. Chronic constipation in the postoperative period - in 65%. In assessing the quality of life before surgery, according to the questionnaire PFIQ-7, the mean score decreased from 210 ± 30 to 30 ± 10 in 6 months after the surgery, and to 0 ± 10 points in 1 year after the surgery ($p < 0,0001$). According to the PEDI-20 scores decreased from 180 ± 30 to 40 ± 10 in 6 months after the surgery, and to 0 ± 20 points in 1 year after the surgery ($p < 0,0001$).

Interpretation of results

Anatomic success of the operation was 99,1%. There is the minimum number of intraoperative complications, which makes the surgery as safe as possible. All cases of the walls vagina erosion after the surgery appeared in the places of intraoperative excision of endometriotic lesions, there was made a 1-time excision of erosions followed by epithelialization. In order to prevent chronic constipation the patients were recommended the diet therapy, a course of physical exercise on special techniques, massage and regular use of laxatives. After 6-8 months when all the recommendations are observed the syndrome is completely docked. The significant ($p < 0,0001$) life quality improvement is marked after the surgery, which allows us to appreciate it as the most effective and promising one in the correction of genital prolapse, which lets the women - patients achieve maximum of satisfaction with the results of the treatment.

Concluding message

In Russia laparoscopic promontopexy is used not widely enough and there is no literature data reflecting the current state of the problem. In this regard, there is a clear need to undertake a comprehensive evaluation of the application of laparoscopic promontofixation in the treatment of genital prolapse in order to determine the significance of this intervention in the present conditions and to find ways to optimize it.

Disclosures

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