

LAPAROSCOPIC SUBTOTAL HYSTERECTOMY WITH CERVICAL PRESERVATION FOR PLACEMENT OF ANTERIOR CR MESH IN COMPLEX PELVIC FLOOR PROLAPSE

Introduction

Total reconstruction of complex pelvic floor prolapse with the new meshes system AMI (Agency for Medical Innovations) involves anatomical and functional restoration (urinary, sexual and defecatory). This system consists of three types of mesh ("CR mesh" for cystocele and rectocele; "mesh E" for enterocele and the multifunctional sling "MPS") that can be used in combination, to correct any type of pelvic prolapse, providing three levels of support: apical, lateral and distal. A subgroup of patients needing pelvic floor reconstruction require a non oncological hysterectomy as a part of the surgical procedure. Placing a mesh after a total hysterectomy involves high risk for erosion at the apical attachment. To minimize this risk, we decided to combine laparoscopic subtotal hysterectomy with vaginal reconstruction. Subtotal hysterectomy allows removal of the uterine body with preservation of the cervix, which is used as the anchor point of the mesh

Design

The video shows a combined pelvic floor reconstruction using transvaginal placement of a CR mesh after a laparoscopic subtotal hysterectomy in a patient with a grade IV cystocele, grade IV uterine prolapse and bleeding uterine myomas. A vaginal uterine manipulator helps differentiate the uterine body from the cervix, allowing cervix preservation to use it as the anchor grid. The uterine body is removed transvaginally, through the same incision used for CR mesh placement.

Results

The subtotal hysterectomy allows to preserve the cervix, which is then used to anchor the mesh, obtaining the desired anatomical and functional restoration, minimizing the risk of erosion at that critical point of maximum tension.

Conclusion

The AMI mesh system allows recreate the supporting structures of the pelvic floor, obtaining the anatomical and functional correction of any kind of vaginal prolapse, no matter how complex it is. To minimize the risk of erosion in the apical anchor point, we propose the combination with laparoscopic subtotal hysterectomy in cases requiring hysterectomy during the same procedure.

References

1. Peter E.Petros; Patrick J. Woodman; THE INTEGRAL THEORY OF CONTINENCE. INTERNATIONAL UROGYNECOLOGY JOURNAL 2007 19: 35-40.

Disclosures

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