Insight Medical Publishing

Gynecology & Obstetrics Case report

ISSN 2471-8165

2020

Vol.6 No.5

Pectopexy – The treatment of vaginal apical prolapse

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Abstract

Laparoscopic Pectopexy (LP) is fairly new surgery developed for vaginal apical prolapse repair with PVDF mesh. Laparoscopic native tissue repair can be easily added to LP to correct SUI (Burch) cystocele, rectocele or paravaginal defect. The aim of this lecture is to show research data and describe the surgical technique.

According to PubMed database, there are 22 papers published in the field of LP. The first paper was published in 2010 to describe the technique. 2015 Noe K.G. published the first randomized comparative trial about LP vs. laparoscopic Sacro colpopexy (LSCRP) and found that LP had significantly lower rate of de novo defecation disorders and cystocele recurrence. Boilerman found that LP had significantly shorter operative time than abdominal or LSCRP. Steppe, B.S. found that there was lower cystocele recurrence rate in LP than in sacrospinosus ligament fixation. The newest prospective international multicentre LP trial included 11 clinics and 13 surgeons in 4 European countries.

Surgical technique: Flat retractor in the vagina helps the vaginal wall separation from bladder and bowel. The surgery starts by dissection of the vesicovaginal space. The exposed fascial area of vaginal apex has to be at least 3 x 4 cm which correlates to the measurements of the middle part of the mesh. Pectineal ligament can be found behind the peritoneum and lymphatic tissue of the triangular area that is formed between umbilical and round ligament. Visualisation of 3 cm pectineal ligament of both sides is necessary to suture the mesh correctly and safely. The middle area of the mesh is sutured to the vaginal apex by continuous long-absorbable monofilament thread. The lateral ends are anchored to the pectineal ligaments with non-absorbable multifilament double stitch. Peritonisation is necessary.

Conclusions: Laparoscopic pectopexy is a treatment option for vaginal apical prolapse patients. It has similar results and same or lower complication rates compared to other surgeries for same indication.

Biography:

Anneli Linnamägi is the Chief of Department of Gynecological Surgery in The Hospital District of South Ostrobothnia, Finland. Intermediate-volume gynecological MIGS surgeon. Mentor of laparoscopy simulation training (GESEA). Certified in GESEA program MIS Gynecological Surgeon Level 2, ISON Neuropelveology Level 1, Interested in continuous development and innovation.

World Congress on Gynecology and Obstetrics

October 19-20, 2020.

Abstract Citation:

Anneli Linnamagi, Pectopexy – The treatment of vaginal apical prolapse, Gynecology Obstetrics 2020, World Congress on Gynecology and Obstetrics; October 19-20, 2020