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Introduction & Objectives: Given the debate regarding the best surgical treatment option of anterior pelvic organ prolapse, 7 years ago we chose to employ laparoscopic lateral hysteropexy with mesh. Results obtained with this procedure in a 79 patients cohort are analyzed here.

Materials & Methods: In 90% of the cases, we encountered severe prolapse (grade III and IV). In all the cases we performed laparoscopic lateral suspension with mesh use as a standard procedure. In 15 cases, either TOT or posterior myorrhaphy were associated to the procedure. In the last 50 cases, we used both mesh and suture material from Biosintex (Romania).

Results: The mean surgical time was 3 ½ hours. The mean postoperative hospital stay was 4 days. The only intraoperative surgical complication encountered was bladder opening. This was encountered in two cases. In two cases, the POP grade III reoccurred. In 88% of cases, the functional result was good or very good. In six cases, symptomatic rectocele occurred and had to be surgical treated. In three cases, de novo stress incontinence occurred and was treated by means of TOT. Dyspareunia for those still sexually active and mesh erosion were not encountered. Quality of life improvement was recorded in 94% of patients.

Conclusions: Laparoscopic lateral suspension with mesh is simple to be performed and is associated with good and stable results and minimum hospital stay. Therefore, we consider it a useful surgical procedure in treatment of anterior pelvic organ prolapse.