ABDOMINAL SACROCOLOPEXY/SACROHYSTEROPEXY FOR CORRECTION OF PELVIC ORGAN PROLAPSE USING MESH

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Objective:
To audit the clinical outcome of abdominal sacrohysteropexy and sacrocolpopexy for correction of uterine and vault prolapse using non absorbable mesh.

Methods:
Patients having uterine prolapse or vault prolapse treated surgically by suspension from sacrum using a polyprolene mesh were included in study. The intraoperative and postoperative complications were noted, and patients were followed for a period of one year to know the efficacy and safety of the procedure.

Result:
23 patients underwent surgery for pelvic organ prolapse, 17 patients underwent hysterocolpopaxy for correction of uterine prolapse and 6 underwent colposacropexy for correction of vault prolapse. The mean age for sacrohysteropexy and sacrocolpopexy was 29.88 and 45.63 years respectively, the mean parity was 2.3 for sacrohysteropexy and 5.5 for sacrocolpopexy. During surgery only one patient suffered intraoperative cystostomy during separation of adhesion around vagina. The injury repaired immediately without post operative problem. One patient had haemorrhage due to injury to the median sacral vessels which settled on applying pressure. 3 patients developed bowel symptoms in the form of nausea, vomiting and paralytic ileus, all settled on the conservative treatment. 1 patient developed post operative sepsis and 1 abdominal wound dehiscence and one wound haematoma. On long term follow up 2 patients developed dyspareunia, 2 objective prolapse and one voiding difficulty.

Conclusion:
Our results suggest that correction of pelvic organ prolapse by suspension to sacrum using polypropylene mesh is a safe and effective surgical option.