Abstract

Summary of The Laparoscopic Sacrocolpopexy (LSC) Operation In Our Facility

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Objectives: Laparoscopic sacrocolpopexy (LSC) has been a gold standard procedure for pelvic organ prolapse (POP). Since the Japanese public insurance began to cover this procedure four years ago, the number of hospitals starting to perform this operation has rapidly increased. Our facility was opened as a place to diagnose a urogynecology disease in March, 2015. The aim of this study is to report LSC operation results in our facility.

Methods: Three hundred and seventy-four patients underwent LSC between March 24th 2015 and February 28th 2018. This study was investigated retrospectively.

Results: Median(range) of patient's age was 64 (39-83), mean±SD of BMI was 22.3±2.0(15-29.9). LSC were conducted according to Wattiez's methods. Uterus were preserved in 12 cases. Subtotal hysterectomy were performed in 339 cases. There were 23 cases after hysterectomy. Only lifting uterine cervix (8 cases), only anterior vaginal wall (58 cases) and anteroposterior vaginal wall (308 cases) were performed as to insertion part of the mesh.

Operating time was 168±37min (68-351 min). Amount of bleeding was 18±38gr（3-400gr). Bleeding more than 100 ml were observed in 10case and more than 300ml were observed in 3cases. Blood transfusion were not observed in all cases. As complications, we experienced 3 bladder injury, 3 vaginal injuries, 1 perforated intestine and 1ileus. Mesh exposure were not observed in all cases. As effects of urinary function, residual urine volume more than 100ml were observed in 26 cases, disappeared within a month in all cases. TVT procedures were needed in 23 cases after LSC.

The recurrences more than POP-Q Stage2 were 27cases (apical 3, anterior18, posterior6) after 3month of the operation. The recurrences more than POP-Q Stage2 were 30cases (apical 2, anterior20, posterior8) after 1year of the operation. As reoperations, we carried out 2TVMs and 3LSCs.

Conclusion: LSC procedures are suggested to be efficient in middle term. We could experience a large number of cases in a short term. We carried out them safely and with few recurrences needed repair. Especially the recurrence rate decreased after we changed the method of closing the retroperitoneum. LSC procedures are safe and efficient in patient suffering pelvic organ prolapse.