



LESS Sacrocolpopexy: step by step of a simplified knotless technique

Marcos Tobias-Machado, Felipe A. Chicoli, Renato M. M. Costa Jr., Alexandre Stievano Carlos, Carlos A. Bezerra, Luiz F. F. Longuino, Eduardo S. Starling, André L. F. Tome, Antonio C. L. Pompeo

Department of Urology, ABC Medical School, Santo André, SP, Brazil

ABSTRACT

Introduction: Pelvic organ prolapse is an ordinary disease with around 200.000 surgeries performed annually in the US to treat this condition. The surgical treatment for complete vaginal vault prolapse after hysterectomy involves abdominal or vaginal sacrocolpopexy. The purpose of this video is to demonstrate the steps of a laparoendoscopic single-site surgery (LESS) sacrocolpopexy performed by a simplified knotless technique.

Materials and Methods: A 52 year-old female submitted a total hysterectomy five years ago due to miomatosis who developed vault prolapse and urinary incontinence after surgery. She was treated by transumbilical LESS cutaneous retractor and a surgical glove attached to three trocars through a 3.5 cm umbilical incision. Patient was positioned in lithotomy, the Y-shape polypropylene mesh was passed through the trocar. Only conventional laparoscopic instruments were used for intrabdominal dissection of vagina and peritoneum. The mesh was fixed to the vaginal fornix using 3 continuous sutures held in extremities by polymeric clips. The last helical suture was fixed by polymeric clips to the sacral periosteum from the promontory to achieve good vaginal positioning without tension. The posterior peritoneum was closed over the mesh.

Results: The operative time was 150 minutes, blood loss of approximately 100 mL and the patient was discharged after 18 hours with no immediate complications and a 3 months follow-up free of vault prolapse and urinary incontinence until now.

Conclusions: LESS sacrocolpopexy performed with conventional instruments is feasible and a safe procedure reproducing surgical steps of conventional laparoscopic or robotic surgery.

ARTICLE INFO

Available at: www.brazjurol.com.br/videos/november_december_2012/Tobias-Machado_859_860video.htm

Int Braz J Urol. 2012; 38 (Video #7): 859-60

Submitted for publication:
September 12, 2012

Accepted after revision:
October 28, 2012

Correspondence address:

Dr. Alexandre Stievano Carlos
Department of Urology
ABC Medical School
821 Príncipe de Gales Avenue, Annexe II
Santo André, SP, 09060-650, Brazil
Telephone: + 55 11 4993-5462
E-mail: ale_carlos@uol.com.br

EDITORIAL COMMENT

The authors from the Department of Urology, ABC Medical School report on a case of a 52 year old female who developed vault prolapse and urinary incontinence subsequently after undergoing Total Hysterectomy. Her pathology was formally diagnosed with Pelvic Organ Prolapse Quantification (POP-Q) stage 3. The authors then highlight the steps involved in performing a Transumbilical LESS sacrocolpopexy. There are good graphic representations of the steps involved in this repair. Mesh and suture material were accurately described. Specific surgical parameters of the case were also disclosed (surgery time, esti-

mated blood loss). Finally, post-operative report was given in support of this procedure. Limitations were acknowledged with this relatively new technique.

Dr. Rafael Carrion

Associate Professor of Urology
Director of Research
Residency Program Director
Department of Urology
USF Health · College of Medicine
E-mail: rcarrion@health.usf.edu