



# POSTOPERATIVE 3. YEAR RESULTS OF SACROSPINOUS LIGAMENT SUSPENSION IN PATIENTS WITH POSTMENOPAUSAL VAGINAL CUFF PROLAPSE.

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# Background

- \* Hysterectomy is the most frequent gynecologic surgical procedure
- \* The incidence of vaginal cuff prolapsed after hysterectomy has been estimated as 36 per 10,000 person-years.
- \* Vaginal sacrospinous fixation (SSLF) surgery and abdominal sacrocolpopexy surgery are frequently performed for VCP reconstruction.

## \* ASC is the gold standard operation.

Management of Apical Compartment Prolapse ( Uterine and Vault Prolapse ): A FIGO Working Group Report.  
2017;513(July 2015):507–13.

General anesthesia

Abdominal route

Mesh use

Operation time

Bowel symptoms?



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- \* At menopause
  - \* Women have comorbidities(Ht DM COPD...)
  - \* Anesthesia is high risk

# SSLF

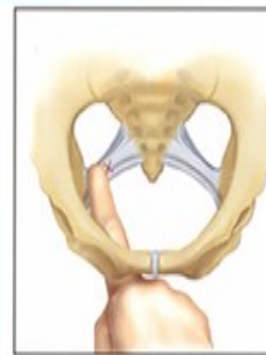
- \* Vaginal route
- \* No mesh
- \* Spinal or general anesthesia
- \* Short operation time

# AiM

- \* objective success rate,
- \* subjective success rate,
- \* surgical satisfaction score and
- \* intraoperative-postoperative complications
- \* 3 years after vaginal sacrospinous ligament suspension at the patients with postmenopausal cuff prolapse

# Surgical Procedure

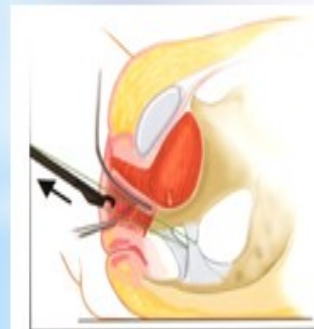
- \* Under general anesthesia or spinal anesthesia, the vaginal cuff was suspended to the right SSL unilaterally, with the curved needle holder and 2 pcs. of No. 1 PDS<sup>TM</sup> sutures (Ethicon). 8 patients underwent colporrhaphy posterior, 7 underwent colporrhaphy anterior, 5 underwent colporrhaphy anterior and posterior and 6 patients underwent TOT operation, concomitantly.



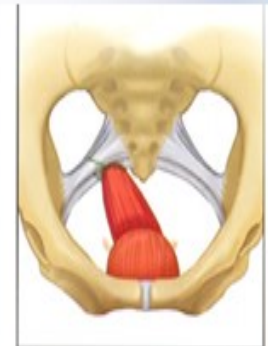
**Figure 3:** For proper device placement, the dissection finger is placed adjacent to the suture site




**Figure 4:** To maintain device position, the dissection finger is placed firmly on the tip of the device



**Figure 6:** Once suturing is confirmed, the Capiro device is carefully withdrawn and reloaded



**Figure 8:** The upper vaginal vault is secured to the sacrospinous ligament, restoring vaginal wall support and correcting prolapse

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- \* Objective success rate : POP-Q stage change
  - \* Subjective success rate: PFDI-20 score SSS
  - \* PFDI-20 includes 3 subscales
    - \* 1)POPDI-6
    - \* 2)CRADI-8
    - \* 3)UDI-6



# Material and methods


- \* N=21
- \* 2013-2015 posthysterectomy vaginal vault prolapse
- \* Pelvic Floor Distress Inventory (PFDI-20) preoperatively and at 3 year after surgery.
- \* Surgical Satisfaction Questionnaire (SSQ-8) was also completed 3 year after surgery.
- \* Demographic data, operation time, blood loss, intra-post-operative complications, and hospital stay were also recorded.

# Results.

- \* Mean age of the patients was 62 (range; 49-71 years)
- \* mean menopause duration was 11 years (range;2-31 years).
- \* POP-Q C point stage  $\geq 2$
- \* Significant improvements in the total PFDI-20 score and subscale scores (all  $p < 0.01$ ) were evident 3 year after sacrospinous ligament suspension;
- \* POP-Q stage was  $< 2$  in 90% of patients
- \* SSQ-8 score was 92.
- \* Mean operation time was 45 minute (range; 30-55 minute), mean hospital stay was 2.1 day.
- \* No major bleeding complication occurred intra-postoperatively. 1 pararectal apse, 2 febrile morbidities and 1 dyspareunia occurred.



SSLF			
	Preoperative	Postoperative	p
POPDI-6	41,3 (12,5-83)	8,7 (0-37)	<0,01
CRADE-8	11,3 (0-50)	4,1 (0-18)	<0,01
UDE-6	34 (0-75)	11(0-62)	<0,01
PFDI-20	79,4 (12,5-132)	25,9 (0-92)	<0,01

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- \* Vaginal sacrospinous ligament suspension was safe for postmenopausal women with vaginal cuff prolapse.
  - \* At 3 year after the operation, the PFDI-20 score had improved significantly, the anatomical success rate was good, the complication rate was low and SSQ-8 score was high.



\* Thank you...