

## SACROVAGINAL SUSPANSION IN VAGINAL CUFF PROLAPSUS

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Vaginal cuff prolapsus, which develop following hysterectomy or due to decreased hormonal support, causes many women to apply to gynecologist with these complaints. Various degrees of cystocell, rectocell and enterocell, as well as stress incontinence, which develop due to anatomic weakness, accompany vaginal cuff prolapsus. Mechanically performed treatment carries the organs to original anatomic locations. In this study, we aimed to fix the prolapsed vagina tissue to the sacrum by using the vaginal cuff, in accordance with its axis.

Following standart laparoscopic exploration, we reached to the vaginal fascia intraabdominally by dissecting the structures overlying the cuff like the bladder base, the vaginal cuff and the pelvic peritoneum, also aided by the hand in the vagina. Afterwards, the posterior peritoneum was opened, by using a bipolar scissor, by cutting the parabolic line from the side of the cuff to the sacrum. A 1. 5-3 cm. polypropylene mesh was attached to the vaginal cuff, which was prepared by dissecting aided by the hand in the vagina, by the help of a tacker. Then, the cuff, which was elevated by the help of the hand in the vagina, was attached to the sacrum by a tacker at an appropriate level-pelvic peritonization was realized by using a 2-0 vicryl after placing the mesh, which was used vicryl after placing the mesh, which was used as suspender, in the peritoneal defect to be kept in place. Following the hemorrhage control, the operation was terminated. The patients, who had their stress incontinence and prolapsus corrected, were followed-up for 3 months. No complication or inadequacy attributable to the operation were experienced.

In conclusion, we believe that, the satisfaction observed in the follow-up, the suspension of the vagina in its normal axis, the duration postoperative hospital stay will make this technique more preferable when compared to vaginal or abdominal interventions, in patients with prolapsus which is frequently encountered following hysterectomy