# Description and evaluation of the Laparoscopic sacrocolpopexy for advanced pelvic organ prolapse (descensus uteri III-IV, cystocele III-IV, rectocele III-IV) and reccurent prolapse using PVDF mesh.

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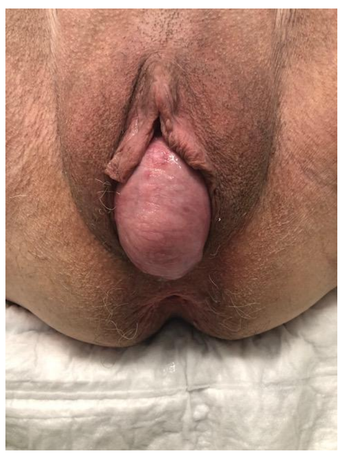
## Introduction:

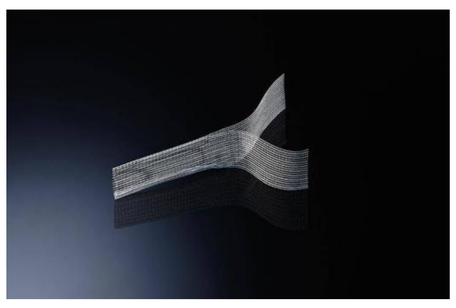
Aim of the study is to evaluate the safety, intra-operative and post-operative morbidity and long term outcomes of 90 Patients treated laparoscopically to repair advanced (III-IV) pelvic organ prolapse.



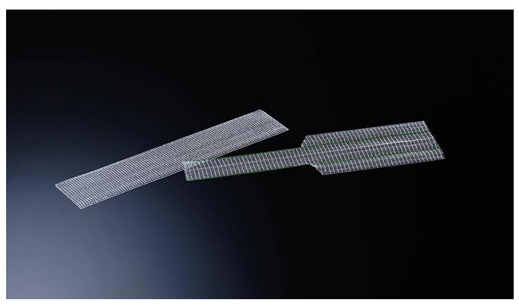
## Patient and methods:

Between January 2011 and January 2019, 90 women underwent laparoscopic Sacrocolpopexy at St. Loukas Hospital in Thessaloniki, Greece and at Mother and at Child Medical Centre in Nikosia, Cyprus. 58 patients with POP (Pelvic Organ Prolapse) and 32 patients with recurrent prolapse (vaginal vault prolapse with cystocele and/or rectocele).

58 patients underwent first total laparoscopic hysterectomy with BSO, and then all the patients underwent laparoscopic sacrocolpopexy using two different kinds of PVDF (polyvinylidene fluoride) meshes. PRR for either cystocele or rectocele and PRS for both.



PVDF- PRS



PVDF- PRR

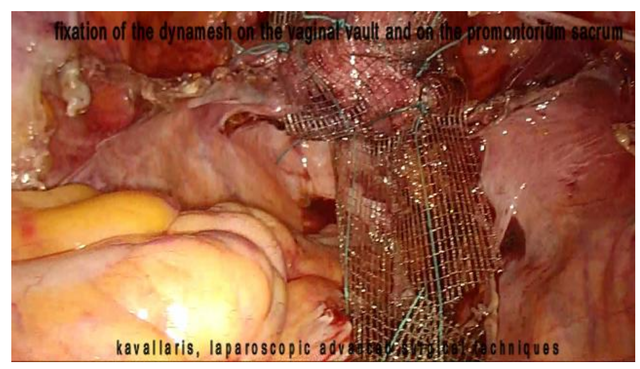
All cases were completed laparoscopically. We analyzed patients' characteristics, surgical outcomes and success rate in follow up.

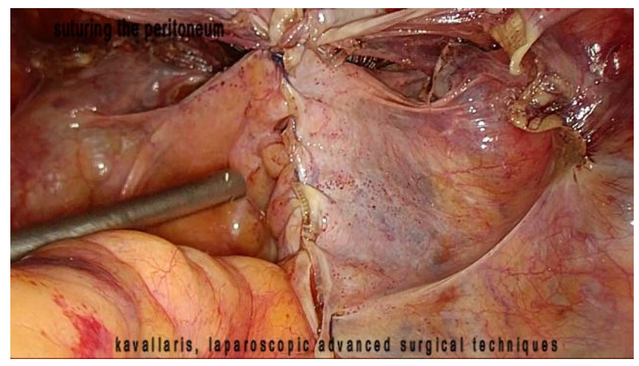
## Results:

Mean age was 59.5 years ad body mass index 26.8 kg/m2. The mean operative time of the laparoscopic sacrocolpopexy using PRR for cystocele (20 min), for rectocele (23 min) and using PRS for both (35 min). All the patients were reviewed at 1 moth, 3 months, 9 months and then every 6 months after the surgery for a period of 5 years. The follow-up was between 6 months and 6 years.
There were no major intraoperative or postoperative complications and we had no mesh exposure or erosion. The mean hospitalization stay was 2.1 days.

## Conclusion:

The laparoscopic sacrocolpopexy using PVDF (polyvinylidene fluoride) mesh is an effective and safe technique to repair the pelvic organ prolapse. The long-term anatomical functional results are very satisfactory and promising with no major complications.




All authors declare no conflict of interest