

Expedited Laparoscopic Sacrocolpopexy

A nine-year experience with Expedited Sacrocolpopexy is presented. Two hundred seventy-one consecutive cases of Expedited Sacrocolpopexy performed in a private gynecologic surgical practice are presented. Technique involved dissection of vaginal peritoneum and placement of two rows of 5 – 8 sutures of 2-O Surgidac using Endo Stitch (Covidien) and extracorporeal knot tying on both anterior and posterior surfaces of the vaginal barrel to affix a "Y-shaped," type 1 polypropylene mesh graft. The graft is affixed to the sacrum using several titanium tacks (Protac, Covidien). The graft is completely retroperitonealized using 3-O Polysorb.

Pre-operative characteristics including POP-Q stage were tabulated. All patients successfully completed the intended surgery with no conversions to Laparotomy. Surgical times, concomitant procedures, post-operative stay, complications and six-month POP-Q stage were evaluated. Data were further fractionated into two study periods demarcated by vaginal manipulator used.

Average sacrocolpopexy time was 124 minutes (Period 1: 140 / Period 2: 104 minutes). Incontinence surgery was performed in 82% of cases (89 / 74). Total surgical time was 164 minutes (178 / 147). Post operative stay was 18 hours (26 / 9). Six month POP-Q score (available in 92.25% of cases) was 0-1 in 94.0% (95.7 / 92.72), 2 in 5.2% (4.29 / 6.36) and ≥ 3 in 0.4% (0 / 0.92).

| | -----Baseline----- | | -----6 Months----- | |
|-------------|--------------------|--------------|--------------------|---------------|
| | Heaney Handle | Rumi Handle | Heaney Handle | Rumi Handle |
| | (n=154) | (n=117) | (n=140) | (n=110) |
| POP-Q Stage | | | | |
| 0-1 | 0 (0.0 %) | 0 (0.00 %) | 134 (95.71 %) | 102 (92.72 %) |
| 2 | 11 (6.54 %) | 2 (1.71 %) | 6 (4.29 %) | 7 (6.36 %) |
| 3 | 115 (75.16 %) | 78 (66.67 %) | 0 (0.00 %) | 0 (0.00 %) |
| 4 | 28 (18.30 %) | 37 (31.62 %) | 0 (0.00 %) | 1 (0.92 %) |

Expedited Laparoscopic Sacrocolpopexy is a desirable technique affording a minimally invasive approach with completion times far less than typically associated with robotic sacrocolpopexy and without the likelihood of erosion and other complications associated with vaginally placed mesh.

Because normative bodies have concluded there is no benefit from use of DaVinci Robotics in benign Gynecologic surgery and because of its increased procedure-based costs, it is important to reconsider standard laparoscopic techniques.