SACROCOLPOPEXY

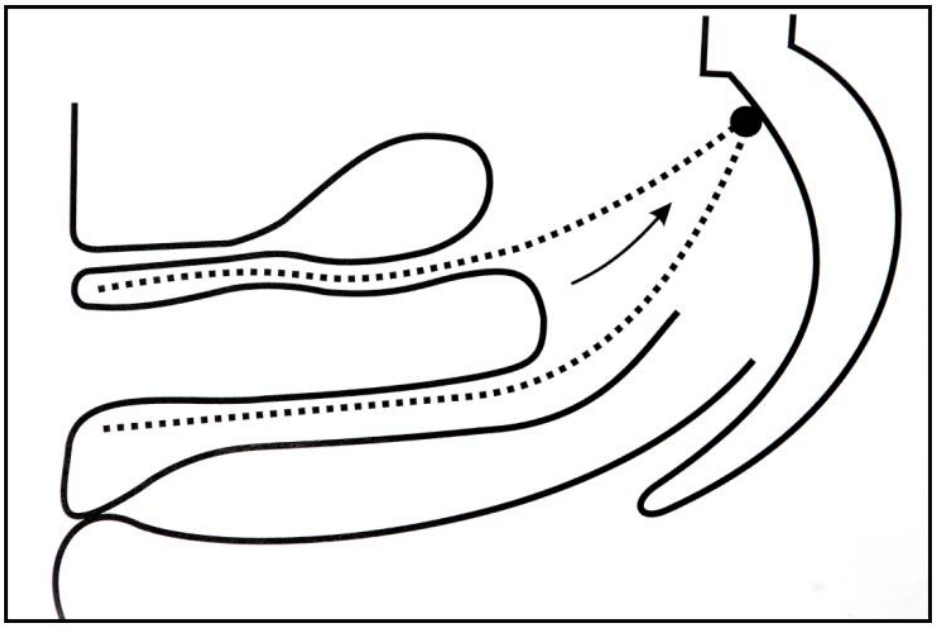
Sacrocolpopexy (SCP) is regarded as the "golden standard" amongst the different surgical procedures for genital prolapse (also known as pelvic organ prolapse). However, there are different types or degrees of SCP, each with its own advantages and disadvantages (see below).

Most women with pelvic organ prolapse (POP) have had a previous hysterectomy. Therefore, SCP is applied to the vagina. However, if the uterus is still in place, SCP can still be done by either removing the uterus followed by SCP, or by applying the mesh (the material used to perform a SCP) in such a way that it passes next to the uterus from the vagina to the sacrum.

SCP literally means fixation of the vagina to the sacrum (the bone at the back of the pelvis, just below the spine). Mesh (a synthetic net) is used to achieve this. A strip of mesh, about 3 cm wide and long enough to stretch from the vagina to the sacrum (10 – 12 cm) is first stitched to the vagina and then to the sacrum at the back. This is done by open surgery or laparoscopic surgery.

Initially, the mesh was attached to the top of the vagina (the vault) and from there it was fixed to the sacrum – the most simple form of SCP. Soon it became clear that although the top of the vagina remained suspended, prolapse still occurred lower down. Subsequently, the mesh was extended lower down to the mid-vagina. The results improved, but recurrent prolapse still occurred. Subsequently, the mesh was extended downwards for the full length of the vagina, an operation known as a perineo-colpo-sacrosuspension (PCSS). This operation delivered the best results so far with only a 5% incidence of recurrent prolapse. The down side of it is a slightly higher incidence of postoperative urinary symptoms (urge, occasional leak), but these usually subside with time.

(Fig 2)



Sacrocolpopexy where the mesh was placed along the full length of the vagina (dotted line).