

**LAPAROSCOPIC HYSTERO-SACROCOLPOPEXY
WITH
LOW VENTRAL RECTOPEXY FOR COMBINED RECTAL AND GENITAL
PROLAPSE.**

**A SINGLE-INSTITUTION RETROSPECTIVE STUDY EVALUATING SURGICAL
OUTCOME.**

C.LEBACLE, MD, JN BUY*, C.PETTENATI, MD, Bruno DEVAL, MD*****

*** Radiologic DepartementHotel Dieu de PARIS,**

**** Biostat Paris V,**

*****Gynécologic Departement, Geoffroy St Hilaire Clinic, Paris V.**





HISTORY OF HSYERO-SACRO - COLPOPEXY

58 years old :	OPSC
21 years old:	LSC
11 years old :	RSC

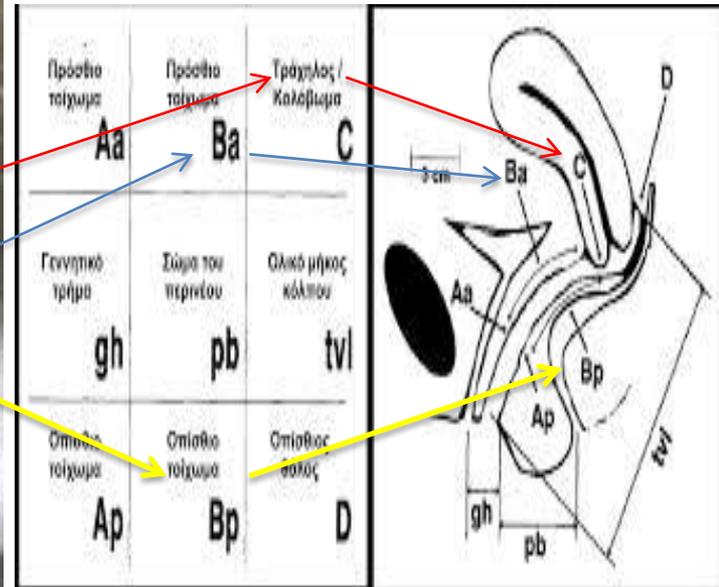
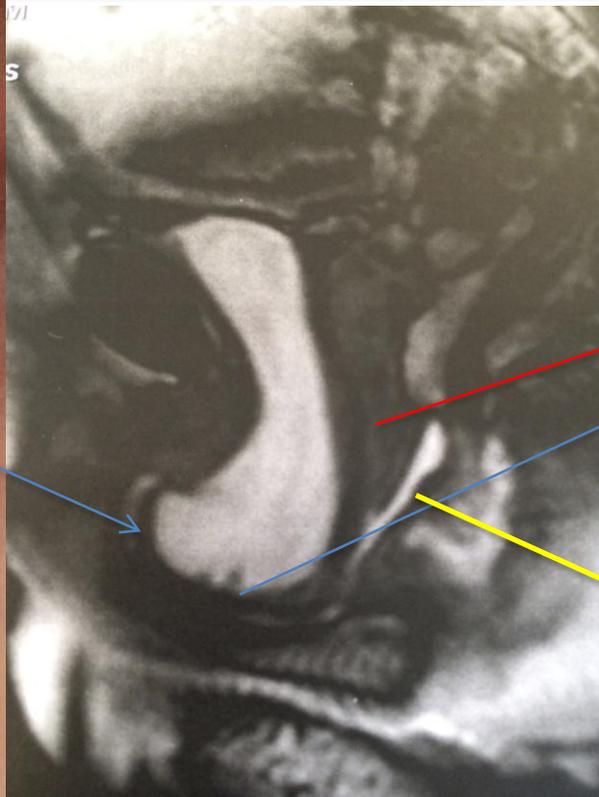


- Arthure H et al.
 - Uterine prolapse and prolapse of the vaginal vault treated by **sacral hysteropexy**.
 - *BJOG : an international journal of obstetrics and gynaecology. 1957*
- Huguier et al .
 - **Posterior suspension** of the genital axis on the lumbosacral disk in the treatment of uterine prolapse.
 - *Presse Med 1958*
- Nezhat C et al.
 - **Laparoscopic sacral colpopexy** for vaginal vault prolapse.
 - *Obstetrics and gynecology. 1994*
- Elliott D et al.
 - Gynecologic use of **robotically assisted laparoscopy**: Sacrocolpopexy for the treatment of high-grade vaginal vault prolapse
 - *Am J Surg. 2004*

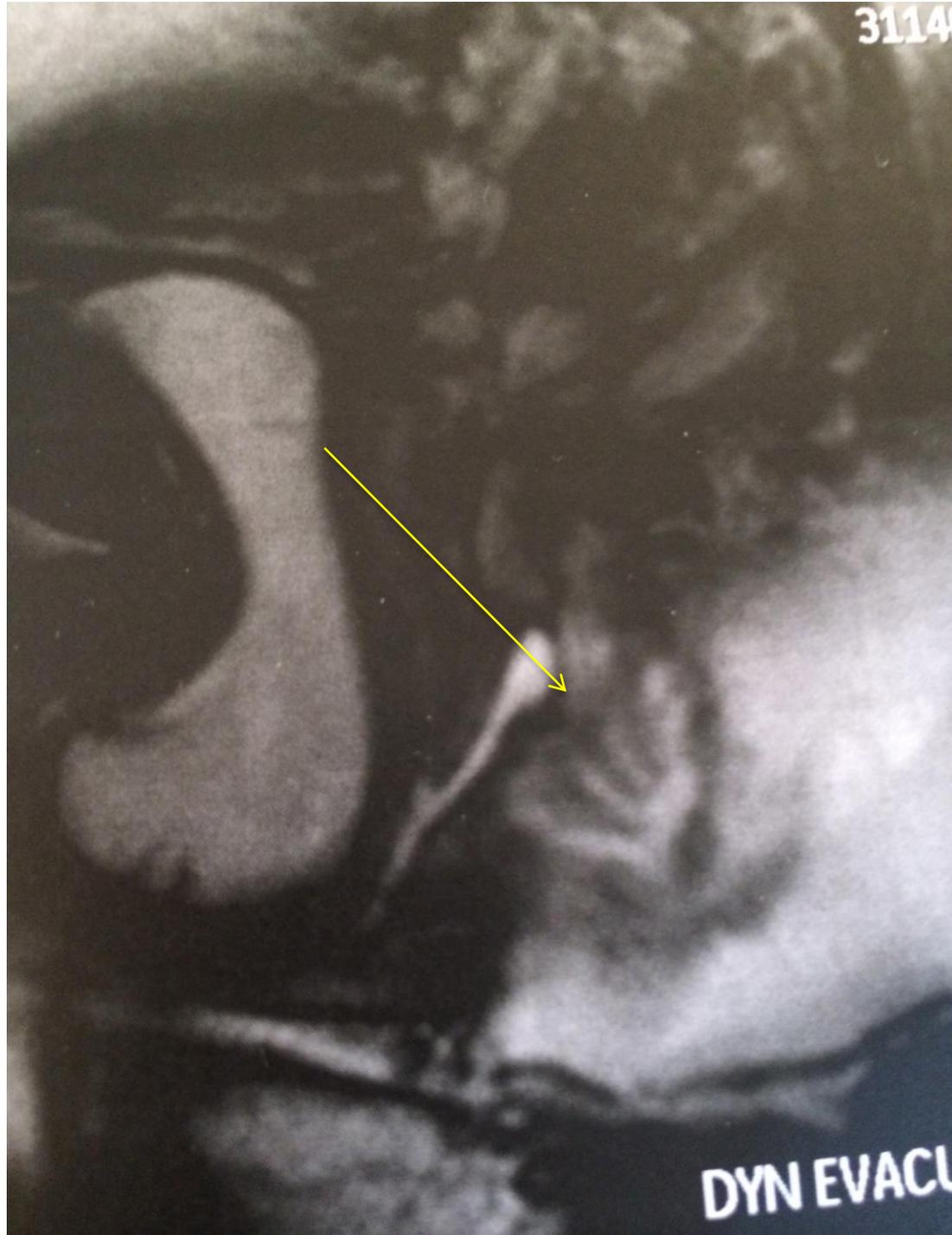


Mme M. D.

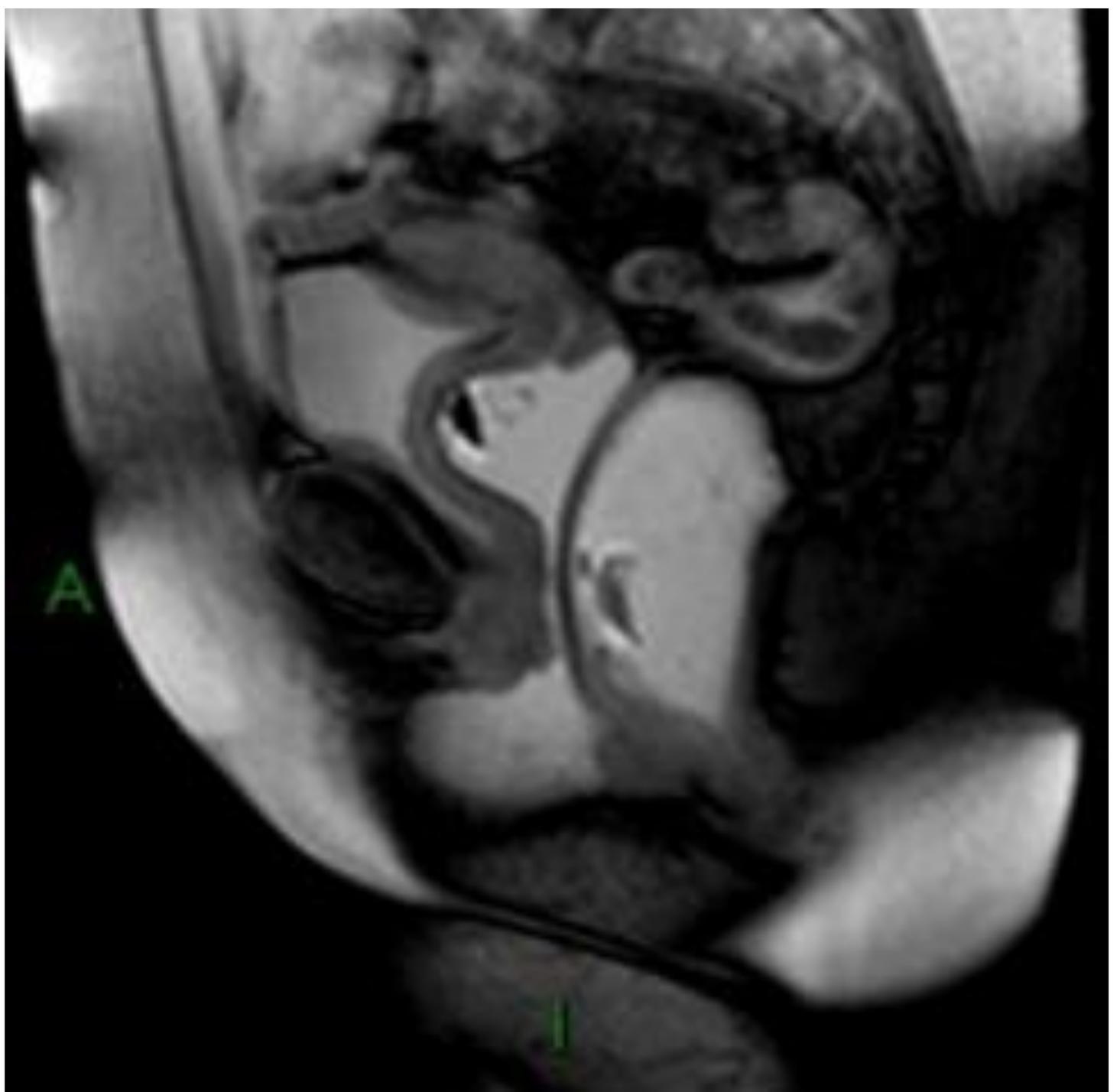
- 77 ans
- PFDI : 152, PFIQ: 121, PISQ: 0, **Wexner score : 16**,
- VAS : 9/10
- POP Q : Ba+ 4.1 , C -1, Bp -2,
- Stage III, POP Q



3114



DYN EVACU



MIXED POP

GENITAL + RECTAL



Low grade internal prolapse : Rectum
High Grade Internal Prolapse : Anal Canal



STUDY DESIGN, MATERIALS AND METHODS

Center for Female Continence PFDI-20

BY BRUNAS 2003 DATE _____
 I.D. Number _____ Research Site _____

Use 1 = not at all, 2 = fair, 3 = moderate, 4 = somewhat, 5 = very, 6 = extreme.

PFDI-4

1. Usually experience urgency to urinate when voiding?
 - No Fair Moderate Somewhat Quite a bit
2. Usually experience leakage or dribble between voids?
 - No Fair Moderate Somewhat Quite a bit
3. Usually have a large or constant urinary leak that you can see or feel in your underwear?
 - No Fair Moderate Somewhat Quite a bit
4. Have been so picky in the toilet or worried that someone will see you urinate?
 - No Fair Moderate Somewhat Quite a bit
5. Usually experience a feeling of incomplete bladder emptying?
 - No Fair Moderate Somewhat Quite a bit
6. Ever been so nervous or in a hurry to the toilet you wish your legs or feet were completely numb?
 - No Fair Moderate Somewhat Quite a bit

PFDI-4 Total x 25 = _____



Pelvic Floor Impact Questionnaire-short form 7

Instructions: Please respond to the bladder, bowel, or vaginal symptoms affect their activities, relationships, and feelings. For each question place an X in the response that best describes how you feel about your symptoms, or feelings, have been affected by your bladder, bowel, or vaginal symptoms or conditions. [View the full 14-item PFIQ](#). Please check one, you must be present in all 7 columns for each question.

How do you experience or react to the following events after your _____	Bladder or urine	Bowel or stool	Vagina or pelvic
1. Ability to be active or engaged in your working, socializing, family life?	Not at all (0-100%) Quite a bit	Not at all (0-100%) Quite a bit	Not at all (0-100%) Quite a bit
2. Ability to be active or engaged in your work, socializing, or other interests?	Not at all (0-100%) Quite a bit	Not at all (0-100%) Quite a bit	Not at all (0-100%) Quite a bit
3. Involvement in activities or projects you enjoy or want to do?	Not at all (0-100%) Quite a bit	Not at all (0-100%) Quite a bit	Not at all (0-100%) Quite a bit
4. Ability to enjoy sex or be intimate with your partner, spouse, or family?	Not at all (0-100%) Quite a bit	Not at all (0-100%) Quite a bit	Not at all (0-100%) Quite a bit
5. Performing or social activities with partner?	Not at all (0-100%) Quite a bit	Not at all (0-100%) Quite a bit	Not at all (0-100%) Quite a bit
6. Emotional health (depression, anxiety, etc.)?	Not at all (0-100%) Quite a bit	Not at all (0-100%) Quite a bit	Not at all (0-100%) Quite a bit
7. Feeling stressed?	Not at all (0-100%) Quite a bit	Not at all (0-100%) Quite a bit	Not at all (0-100%) Quite a bit

Scoring the PFIQ - 7

All of the scales use the following response scale:
 0, Not at all; 1, somewhat; 2, moderately; 3, quite a bit

Notes

1. Pelvic Floor Impact Questionnaire (PFIQ)-7: 7-item under urinary leakage "Bladder or urine."
 2. Pelvic Floor Impact Questionnaire (PFIQ)-7: 7-item under bowel leakage "Bowel or stool."
 3. Pelvic Floor Impact Questionnaire (PFIQ)-7: 7-item under vaginal leakage "Vagina or pelvic."

Scoring system: Obtain the scores for all of the assessed items in the corresponding scale (possible values 0 to 3) and then multiply by 1000 to obtain the scale scores (range 0 to 300). Missing items are dealt with by using the mean from answered items only.

PFIQ-7 Summary Table: Add the values from the 7 scales together to obtain the summary score (range 0 to 200).

- 1) Are you sexually active or not?
a. Yes b. No
- 2) Do you have a sexual partner?
a. Yes b. No
- 3) Compare your present sexual satisfaction during intercourse with that before the operation.
a. Better b. Same c. Worse
- 4) If it is worse, what problems are you experiencing with your sexual life?
A. How is your sexual desire?
a. Better b. Same c. Worse
B. Do you feel any dryness during the intercourse?
a. Yes b. No
C. Do you feel any pain during the intercourse?
a. Yes b. No
D. Do you have orgasm during the intercourse?
a. Yes b. No
- 5) For partner:
Compare the present sexual satisfaction during intercourse with that before the operation.
a. Better b. Same c. Worse
- 6) Are you satisfied with the outcome of the operation?
a. Yes b. No
- 7) Would you want your partner to undergo this operation again if it were indicated?
a. Yes b. No
- 8) Would you recommend this operation to your relatives or friends?
a. Yes b. No

Figure 1 - Questionnaire that was designed for the evaluation of the sexual function after anti-incontinence surgery.

Tableau 2 Score de sévérité de l'IAIR selon Wexner

Jamais 0; rarement < 1x/mois; parfois < 1x/semaine; ≥ 1x/mois; régulièrement < 1x/jour; ≥ 1x/semaine; toujours ≥ 1x/jour.
 0 = continence parfaite; 20 = incontinence complète.

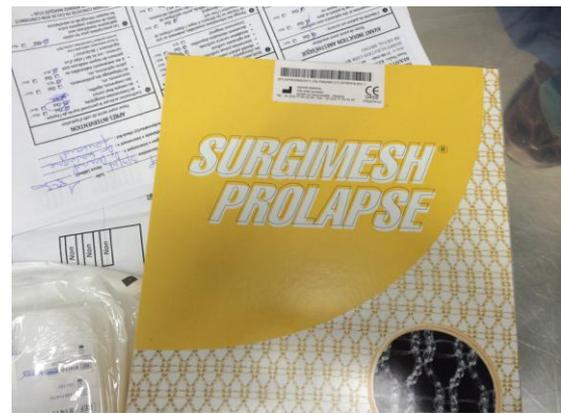
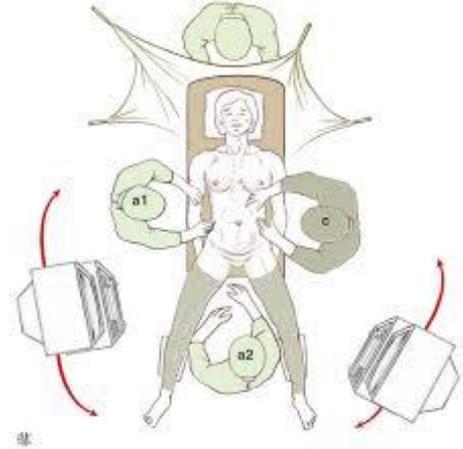
Type d'incontinence	Fréquence				
	Jamais	Rarement	Parfois	Régulièrement	Toujours
Solides	0	1	2	3	4
Liquides	0	1	2	3	4
Gaz	0	1	2	3	4
Port de protections	0	1	2	3	4
Altération de la qualité de vie	0	1	2	3	4

STUDY DESIGN, MATERIALS AND METHODS

Caractéristique of the
population

Juin 2009 – Juin 2014

	STUDY GROUP (N = 226)
Age (yrs, mean ± SD, range)	55 (28–88)
Body mass index (kg/m ² , mean + SD)	25.2 ± 3.51
Menopause (n, %)	121 (51.4)
ASA (n, %)	
ASA I	49 (23.5)
ASA II	93 (43.5)
ASA III	66 (32.3)
ASA IV	0 (0)
DESCENSUS (N, %)	
Stage I	0
Stage II	107 (51)
Stage III	86 (40.9)
Stage IV	15 (7)
ADDITIONAL DESCENSUS (N, %)	
Single POP	102 (48.5)
Combined genital POP	76 (36.1)
Mixed (rectal + genital)	32 (15.2)
URINARY SYMPTOMS (N, %)	
Stress incontinence	47 (22.3)
OAB Syndrom	10 (4.7)
OTHER SYMPTOMS (N, %)	
Pressure on bladder	39 (12.6)
Pressure pain in vaginal area	133 (42.9)
Dyspareunia	23 (7.4)



LOW ANTERIOR VENTRAL RECTOPEXY +/_ LONGITUDINAL PLICATION

HYSTEROPEXY

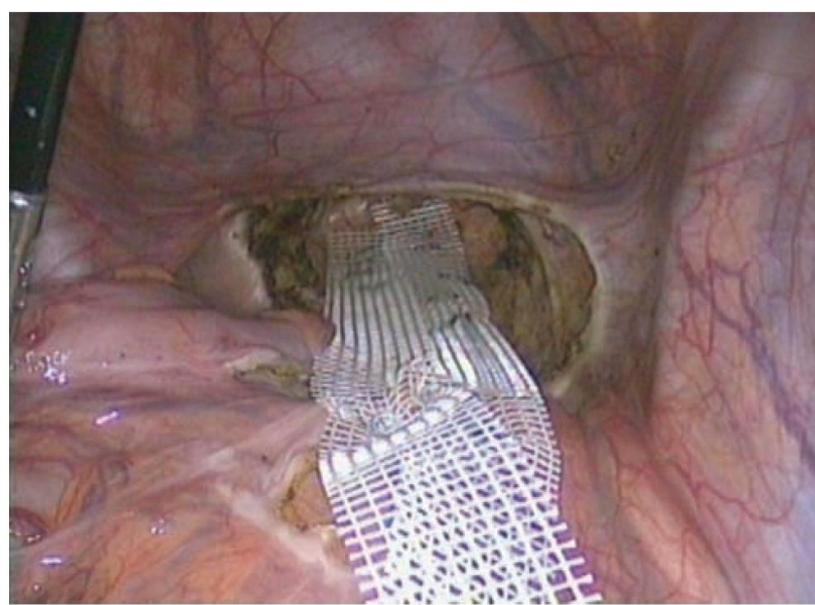
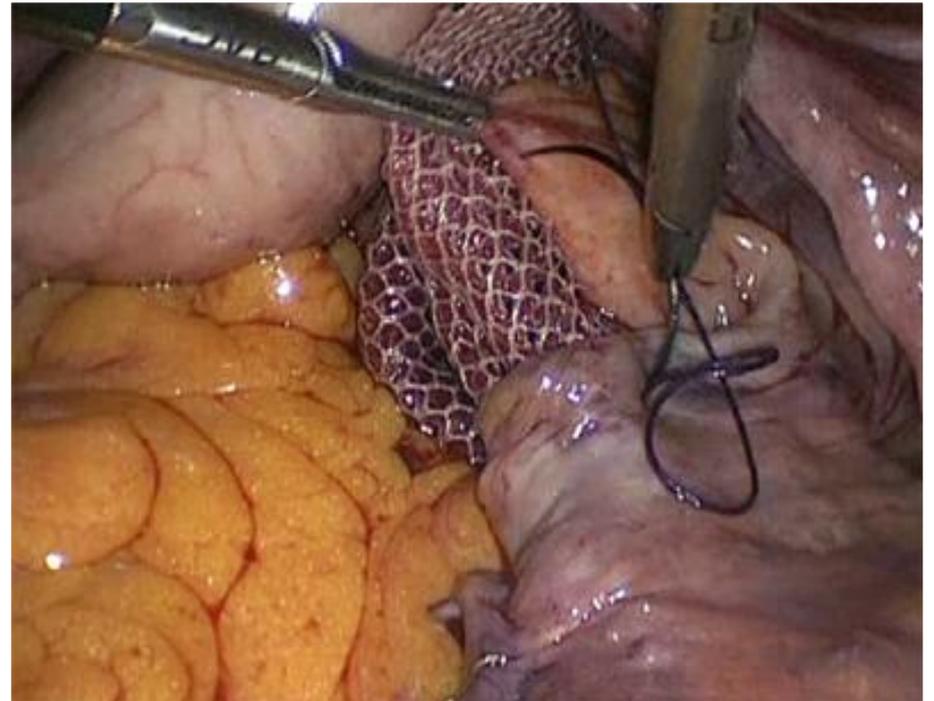
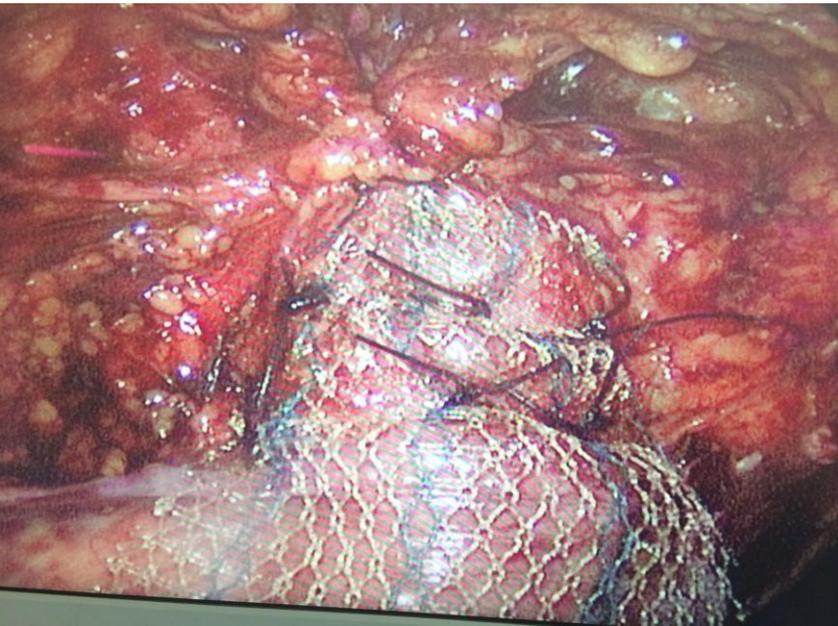
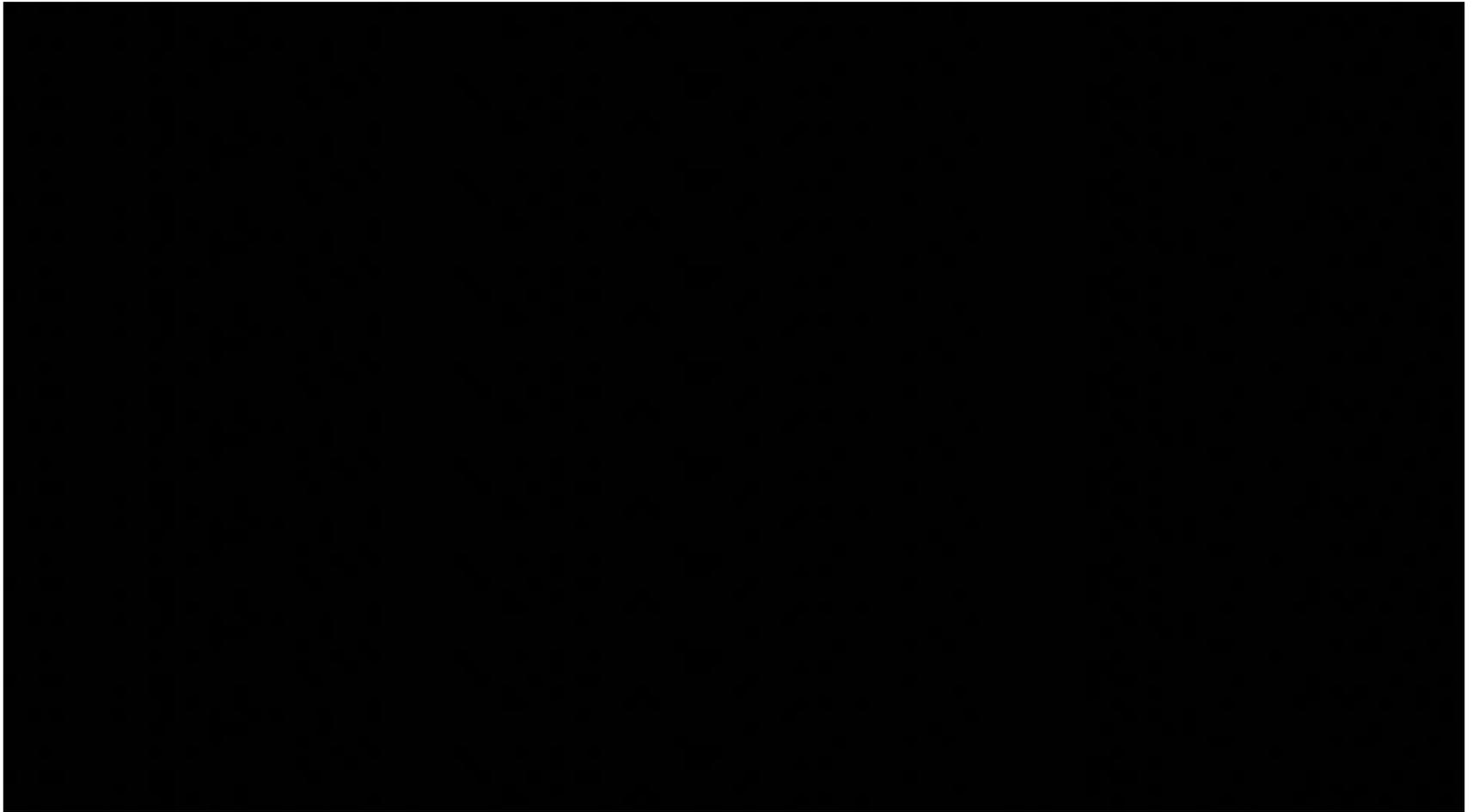


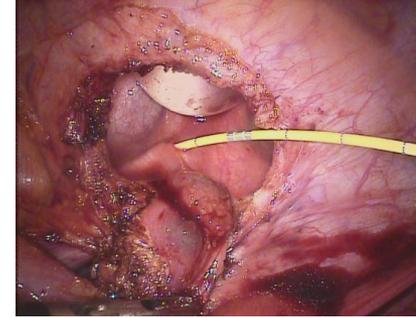
FIGURE 1. Operative photograph of the 2 meshes fixed to the lower part of the rectum and the promontory in a male patient. Note that the peritoneum from the Douglas pouch has been stripped from the deep pelvis.



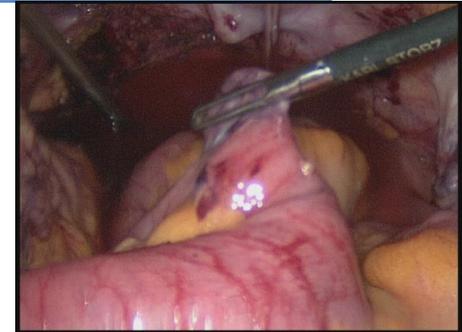




Intra – opérative complications after LSC and LSC + LVR



	LSC N / 194	LSC + LVH N/ 32
PRE-SACRAL BLEEDING	3	0
BLADDER INJURY	1	0
RECTAL INJURY	0	1
BOWEL INJURY	2	0
CONVERSION	2	0



Post-operative complications after LSC vs LSC + LVR



	LSC N / 178	LSC + LVH N / 32
URETERAL LESIONS	2	0
BOWEL INCARCERATION	1	0
PHLEBITIS	1	0
ABCES/ MESH INFECTED	2	2
PELVIC AND PERINEAL PAIN	2	0

Functional Results

32 patients Mixed POP

JUNE 2009 – JUNE 2014

Bowell
Symptoms are
improved
in 82 %

n = 32	Preop. (n, %)	Post-Op. Suivi 26.7 M. (n, %)	P
incomplete evacuation	26 (81)	11 (34.3)	0.0001
Pain + défécation	9 (28)	14 (43)	NS
Wexner score	19	5	0.0001
PFDI 7 score	118	13	0.0001
PFIQ 20 score	177	49	0.0001
CRADI 8 score	67	23	0.0001

Anal incontinence is improved in 71 %

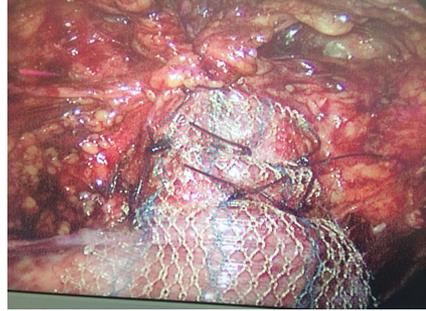
ANAL INCONTINENCE (IA) N = 67 (29 %)	Patients (n, %) FU / 26.7 M.
IA + INTS.Rectale N = 32 (14.1 % Population)	
Not satisfied	2 (6.2%)
Partly satisfied	7 (10%)
Satisfied	17 (64.3%)
Very satisfied	6 (18.7 %)

Tableau 2. Score de sévérité de l'IAH selon Wexner
 Jamais : 0 ; rarement : < 1x/mois ; parfois : < 1x/semaine ; ≥ 1x/mois ;
 régulièrement : < 1x/jour ; ≥ 1x/semaine ; toujours : ≥ 1x/jour
 0 = continence parfaite ; 20 = incontinence complète.

Type d'incontinence	Fréquence				
	Jamais	Rarement	Parfois	Régulièrement	Toujours
Solides	0	1	2	3	4
Liquides	0	1	2	3	4
Gaz	0	1	2	3	4
Port de protections	0	1	2	3	4
Altération de la qualité de vie	0	1	2	3	4

Conclusion

How to diagnose – How to treat MIXED Prolapse



- Ask the question – use Wexner score – Intra-rectal examination +/-
Dynamic MRI
- Learn and Trust in Laparoscopy in RPS
- Combined LSC and LVR to treat anterior, middle and post compartment:
 - Is safe,
 - Improve the bowel symptoms,
 - Prevent the recurrences.



Invitation

It's our great pleasure to bid to host the ICS Annual-Meeting in Paris in 2019.

The team selected is one of the most expert in Rehabilitation, Reconstructive Pelvic Surgery and Minimally Invasive Surgery. Our committee will be supported by French, European, and World Scientific Association of Gynecology, Urology and Physiotherapy. Each member has international experience and a business-oriented university education, instruction, research and innovation.

Our first objective is to attract International gynecologic, urologic and physiotherapy community who doesn't know yet our Society. Besides, we aim at gaining their participation in the ICS - Meeting and recruit future membership. We plan this 2019 conference to embrace next generation to ensure the durability of the ICS community.

ICS 2019 in Paris will give the opportunity of a centered convention facilities with a dedicated social program. Paris is indeed the place to be for mixing professional and entertainment activities.

It would be a pleasure and an honor to welcome the ICS in 2019 with all the participants including delegates, contributors, supporters and friends for an unforgettable meeting.

Paris is waiting for you...



Committee

Meeting co-Chairmen



Dr. Bruno DEVAL, MD, is Professor of Gynecology at the department of Gynecology, Geoffroy Saint Hilaire Clinic Générale de Santé, Paris. He co-chaired those last years ICS workshops on Female Reconstructive Pelvic Surgery. He has been member of the

organizing committee of the joint international meetings ICS-IUGA Paris 2004. He has been ICS member since 2005.



Dr. Jacques CORCOS is Professor of Surgery (Urology) at McGill University (Montreal, Canada). He originates from Montpellier (France). He is internationally reknown and extensively published. Active board member of ICS since 2001, he served as ICS General

secretary (2008-2011) and still involved in several committees. In 2005 he has been the chair of the 35th ICS annual meeting in Montreal and has been instrumental in the organization of the 2015 ICS annual meeting also in Montreal.



Dr. Pierre DENYS, MD is professor of Physical Medicine and Rehabilitation at the University of Versailles. He is at the head of the Neuro-Urology Unit in Raymond Poincaré Hospital. His main interest is the development of innovative

therapeutics for neurogenic bladder. He is member of the Neuro-Urology Promotion committee at the ICS since 2014 and was the general secretary of the GENULF (Neuro-Urology French speaking society) and member of numerous scientific societies.

Scientific Chair

Local Organizing Committee



Dr. Bary BERGHMANS is associate professor at the University of Maastricht, the Netherlands and Professor at the University of Campinas, São Paulo, Brazil. His interest is in the field of clinical epidemiology and pelvic

physiotherapy related to pelvic floor dysfunctions. He is ICS member since 1995, served at several committees including the Standardization of Terminology Committee and a key opinion leader in pelvic floor dysfunctions assessment and conservative treatment.



Dr. Mija BLAGANJE, MD, PhD is assistant to professor at the Department of Gynecology at University Medical Centre Ljubljana, Slovenia. She leads the regenerative sphincter therapy programme, her research areas include urinary incontinence, endoscopic and

reconstructive pelvic surgery. She is an active member of the Slovenian Urogynecological Association and European Cooperation in Science and Technology. She is a member of IUGA, MIPS and an ICS member since 2015.



Dr. Maura SELEME, PhD, is certified pelvic physiotherapist in Brazil, France and Netherlands. Coordinator of the Specialization in Pelvic Floor Dysfunctions for Physiotherapists in Brazil - Faculty Inspirar. She is general director of abaf-Holland

and abaf-Brasil, she is a well-known teacher and organizer of practical courses of pelvic physiotherapy. She is an ICS member since 2011.