

Treatment of Complete Genital Prolapse by Sacrospinous Fixation, Anterior Mesh Repair and Conservation of the Uterus

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Abstract

The surgical treatment of complete genital prolapse must aim the restoration of the vaginal support structures. All 3 levels of the vaginal support system must be recreated. Ablation of the uterus is not useful for pelvic floor support. Sparing of the uterus offers the advantage of a reduced surgical trauma, and better pelvic floor restoration. We present the case of a 60-year-old woman with complete genital prolapse where the uterus was spared, and sacrospinous fixation, anterior mesh repair, perineal body repair and suburethral sling insertion were performed. The results were very good, by means of pelvic floor statics and physiology of micturition.

Conclusion: genital prolapse must be cured by reconstruction of the vaginal support system, not by hysterectomy.

Key words: complete genital prolapse, uterus conservation, sacrospinous fixation

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