

Laparoscopic Lateral Hysteropexy versus Hysterosacropexy in Women with Stage III Uterine Prolapse

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Abstract

Background: Minimally invasive techniques in gynecological pathology have well-known benefits, the "gold standard" of uterine prolapse being currently managed laparoscopically. Laparoscopic lateral hysteropexy and hysterosacropexy are surgical techniques that can be performed for uterine prolapse. Laparoscopic management of such cases is recommended, but requires well-trained teams in laparoscopic surgery.

Methods: This study is a prospective analysis of patients who required surgical treatment for stage III uterine prolapse, hospitalized in the Surgery Department of Constanta County Hospital, for which laparoscopic lateral hysteropexy or laparoscopic hysterosacropexy was performed.

Results: Between 2016-2020, 61 patients were hospitalized with stage III uterine prolapse that required surgery. All patients underwent laparoscopic surgery. Symptomatology was dominated by urinary incontinence (50%, 44.89%) and obstructive defecation (16.66%, 18.36%). Intraoperative complications were encountered in 33.3% of cases undergoing laparoscopic hysterosacropexy and in 8.16% undergoing laparoscopic lateral hysteropexy. At one year, the recurrence rate was 2.04% for patients who underwent lateral hysteropexy and 8.33% for patients who underwent hysterosacropexy. No patient had a recurrence at the 3-year visit.

Conclusions: Laparoscopic lateral hysteropexy is emerging as an appropriate, safe, and effective procedure to treat advanced apical prolapse that requires further clinical attention and development to fully understand its surgical place in the treatment of pelvic defects.

Key words: laparoscopy, lateral hysteropexy, hysterosacropexy, complications, follow-up