

# Robotic Lateral Pelvic Organ Prolapse Suspension of Multicompartment Vaginal Prolapse

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## OBJECTIVE

Sacrocolpopexy is associated with rare but serious morbidity. The technique was progressively modified.<sup>[1-3]</sup> The goal of our video is to highlight the robotic technique in a multicompartment prolapse of vaginal vault with lateral suspension. The patient was a 58-year-old female with multicompartment pelvic organ prolapse arose after hysterectomy.

## DESIGN

We further developed this technique with the da Vinci system which allowed us to avoid the transparietal passage of the mesh, avoiding potential damage to the ilioinguinal and iliohypogastric nerves. There was no standardized procedure.<sup>[4-8]</sup> Informed consent was obtained.

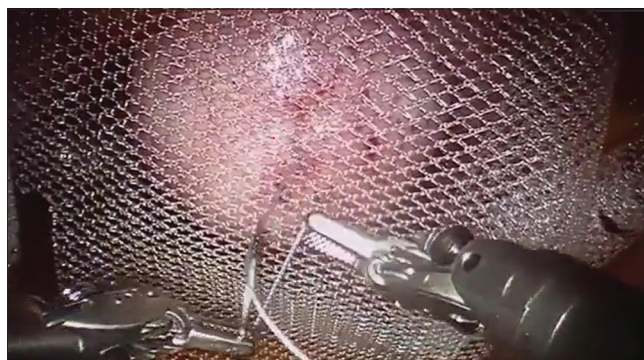
## SETTING

Manzoni Hospital, third referral center. All the crucial steps of our surgical approach were visualized. Position of the patient was described in our previous paper.<sup>[9,10]</sup> After introducing the da Vinci 0° optic, we placed the two 8-mm trocars in each iliac fossa, laterally about 5 cm above and 2 cm medial to the anterior superior iliac spine.

## INTERVENTIONS

The procedure uses a titanized propylene prosthesis shaped in T that gives it maneuverability and elasticity proper to

native tissues. The positioning technique involves a first phase of removing peritoneum from the vaginal dome and then the disconnect of the vesicovaginal band to delimit the mesh anchoring plans. The lateral trajectory of it consists to insert in a retrograde manner the side arm of the prosthesis in the context of the lateral abdominal wall with a posterior projection to the anterior-upper iliac crest in a space which is free of major complications [Figures 1 and 2]. Procedure started with dissection of the cervicovesical pouch. The vesicovaginal space was then identified between the bladder and the anterior vaginal wall. A mesh (Endolas® 41.5 cm × 5 cm × 15 cm) with two lateral arms was tailored and fixed to the vagina, by six sutures of 2-0 polyglactin 910. The



**Figure 1:** The mesh with two lateral arms was tailored and fixed to the vagina after removing peritoneum from the vaginal dome

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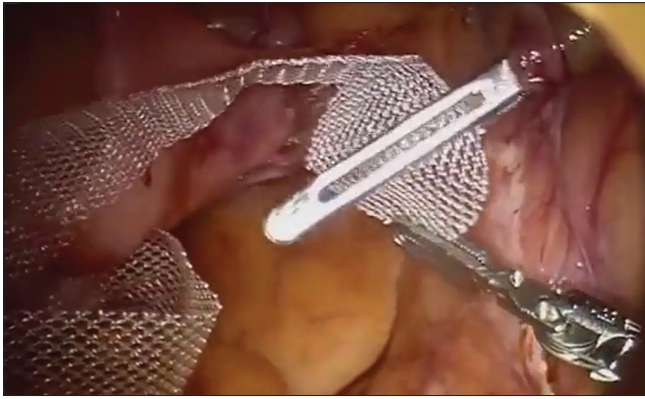
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**Figure 2:** The lateral trajectory consists to insert in a retrograde manner the side arm of the prosthesis in lateral abdominal wall. <http://www.apagemit.com/page/video/show.aspx?num=297>

peritoneum of the vesicouterine fold was closed over the mesh.

## RESULTS

Total operating time was 92 min. The patient was hospitalized for 2 days. At 2-year follow-up, no complications occurred. We organized the ward staff as described previously.<sup>[9-11]</sup>

## CONCLUSION

Lateral colposuspension represents a new method, simple, effective, reproducible preferable in all cases where central dissection is not easy. Robotic approach remains the mainstay for benign pathology.<sup>[12]</sup>

## Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given her consent for her images and other clinical information to be reported in the journal. The patient understands that her name and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

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Nil.

## Conflicts of interest

There are no conflicts of interest.

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