

2025 APAGE Annual Congress YAG Oral Abstract

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Title: Tips and Tricks for Laparoscopic Sacrocolpopexy

Aims and objectives: Laparoscopic sacrocolpopexy has become the gold standard procedure for the surgical correction of apical pelvic organ prolapse. This technique involves several key steps: adequate pelvic exposure, identification of the sacral promontory, dissection of the vesicovaginal and rectovaginal spaces, mesh attachment, and peritoneal closure. This presentation aims to demonstrate technical nuances that can facilitate a safe and effective procedure.

Settings and Design: Video-based educational presentation illustrating a step-by-step approach to laparoscopic sacrocolpopexy.

Materials, setting and methods: The featured case is a 67-year-old woman (G3P3) presenting with stage III uterine prolapse, stage II cystocele, and stage I rectocele (POP-Q: Aa -1, Ba -1, C +3, D +2, Ap -2, Bp -2, Pb 3, gh 3, tvl 7). She reported a symptomatic vaginal bulge persisting for three months. The prevertebral peritoneum was incised from the sacral promontory to the vaginal vault, extending into the pouch of Douglas along the uterosacral ligament. The rectovaginal and vesicovaginal spaces were meticulously dissected. A Y-shaped mesh was secured to both the anterior and posterior vaginal walls, with the proximal end affixed to the sacral promontory using absorbable tacks and non-absorbable sutures. Peritoneal closure was completed with a continuous suture.

Results: The procedure was completed laparoscopically with minimal blood loss and no intraoperative complications. The patient had an uneventful postoperative recovery, minimal scarring, and a prompt return to daily activities.

Conclusion: Laparoscopic sacrocolpopexy is a safe and effective option for apical prolapse repair. Success depends on precise anatomical knowledge and careful dissection techniques, which are highlighted in this instructional video.

Keywords: laparoscopic sacrocolpopexy, pelvic organ prolapse, apical prolapse