

Minimally Invasive Sacrocolpopexy Results in Fewer Complications

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BALTIMORE – Abdominal sacrocolpopexy is associated with a higher rate of peri- and postoperative complications, compared with minimally invasive sacrocolpopexy, based on the results of a review of 831 sacrocolpopexy procedures.

There were significantly more overall intra- and postoperative complications associated with abdominal sacrocolpopexy (ASC) than with minimally invasive sacrocolpopexy (MISC) – 17.2% vs. 10.1% respectively. In particular, there also were significantly more cystotomy complications (4.8% vs. 2.1%) and ileus/small bowel obstruction complications (4.8% vs. 1.8%) in the ASC group, Dr. Patrick A. Nosti reported at the [annual meeting](#) of the Society of Gynecologic Surgeons.

Sacrocolpopexy is the preferred surgical treatment for apical prolapse, with a success rate of more than 95%, but there have been a limited number of small prospective and retrospective studies comparing ASC and MISC, said Dr. Nosti, a fellow in the female pelvic medicine and [reconstructive surgery](#) fellowship program in the department of obstetrics and gynecology at Washington (D.C.) Hospital Center.

He and his associates conducted a multicenter, retrospective cohort study including cases from January 1999 to December 2010 at four sites. The study was conducted through the Fellows' [Pelvic Research Network](#). The primary outcome was the sum of all intra- and immediate postoperative complications. Secondary outcomes included anatomic success ([Pelvic Organ Prolapse Quantification](#) system less than stage II), mesh erosions, estimated blood loss, operative time, and length of hospitalization.

The investigators included 831 sacrocolpopexy procedures; the demographic data was similar between the two groups. The overall mean age was 58 years, mean [body mass index](#) was 27.3, and mean parity was three. Of these, 400 patients underwent ASC and 431 underwent MISC. Of the MISC patients, 213 had laparoscopic procedures and 218 had robotic procedures.

There were significantly more anatomical failures (24% vs. 14%), greater estimated blood loss (188 mL vs. 122 mL), longer hospitalization (2.8 vs. 1.2 days), and increased OR time (234 minutes vs. 206) in the ASC group, compared with the MISC group, Dr. Nosti reported.

There were, however, significantly more mesh erosions (3.2% vs. 1%) in the MISC group, compared with the ASC group, he said at the meeting, which was jointly sponsored by the American College of

Surgeons.

[Mesh erosion](#) was significantly more common after total vs. supracervical hysterectomy (4.2% vs. 0.8% respectively).

In terms of robotic sacrocolpopexy compared with laparoscopic sacrocolpopexy, there was no significant difference in complications (8% vs. 13%). There were fewer failures with robotic procedures than with laparoscopic procedures (6% vs. 19%), despite more advanced preoperative prolapse. In addition, OR time was longer with robotic procedures than with laparoscopic sacrocolpopexy (330 minutes vs. 268 minutes).

The researchers reported that they have no conflicts of interest.

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