

Autologous Rectus Sheath Sling for Treatment of Uterovaginal Prolapse

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ABSTRACT

Objective: To evaluate the result of abdominal suspension operation using an autologous rectus sheath sling for treatment of uterovaginal prolapse in women desiring fertility.

Method: A case series was studied in 18 young patients wishing to conserve fertility at Services Hospital Lahore and one private clinic from January 2009- March 2013.

Results: All 18 patients were successful. Three patients got pregnant and had vaginal deliveries without any complication or recurrence. There were no intraoperative or post-operative complications except for dragging pain in a few which lasted for average of one month.

Conclusion: This procedure is less time consuming with negligible blood loss and has good results.

Keywords: Autologous rectus sheath, uterovaginal prolapse

INTRODUCTION

Uterovaginal prolapse is one of the commonest complaints of women presenting in gynecological OPD. A number of conservative surgical procedures have been used for correction of uterovaginal prolapse in women desiring fertility. Manchester repair is the most commonly performed procedure especially in women with cervical lengthening. A variety of abdominal sling operations are used for this purpose with their own advantages and disadvantages. One of the arguments in favour of abdominal approach is that it maintains the normal length and caliber of vagina¹. A less time consuming and cost effective autologous rectus sheath sling was used in this study for correction of uterovaginal prolapse.

METHODOLOGY

This study was done in Services Hospital, Lahore and one private clinic from January 2009 to March 2013. It is a case series of 18 women. The outcome measures were success of the procedure, operative and postoperative complications, future fertility and its subsequent outcome. Inclusion criteria were women with third degree uterovaginal prolapse who wished to conserve fertility and who were not suitable for Manchester repair i.e., with no cervical lengthening.

Abdomen was opened through pfannensteil incision. Dissection was carried out to separate the rectus sheath from the overlying fascia. A longitudinal incision was given in the rectus sheath about 15 cm

long and a 2cm broad sleeve was harvested which was divided in midline and extended laterally upto the lateral border of rectus muscle till internal inguinal ring was exposed on both sides. Both strips were held separately with clamps. Peritoneal cavity was opened. Slings were internalized and sutured to the posterior aspect of supravaginal portion of cervix medial to the attachment of uterosacral ligaments with prolene no. 1 suture. Uterus was pulled up after attachment of slings. Rectus sheath was sutured meticulously with special emphasis at the level of inguinal rings. Post-operative cough and constipation was avoided.

RESULTS

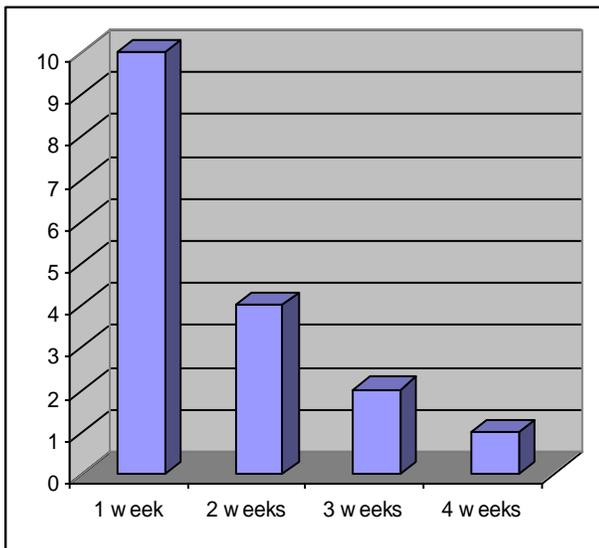
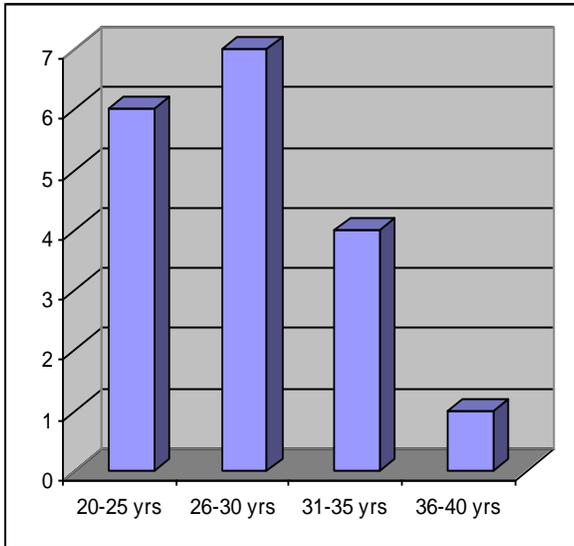
This study was done on 18 women out of which 14 were married and 4 were unmarried. 13 patients were under 30 years of age and 5 were under 40 years of age. 6 patients were nulliparous, 10 were P1 and 2 were P2.

The procedure was successful in all patients with no intra-operative and post-operative complications except for dragging pain in a few patients which lasted for an average of about one month. There was negligible blood loss in the procedure. There were no bowel problems in the post-operative follow-up period upto now.

Prolapse, cystocele and rectocele were corrected in all patients. Three patients became pregnant and delivered vaginally with no failure of the procedure after delivery.

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DISCUSSION

This procedure has not been studied much. Only one study similar to this was done in Abbottabad by Rahat et al² which showed similar results. They used the rectus sheath sling as in this study but the only difference was that they extra-peritonealized the

strips which were not done in this study. This did not produce any difference in the results. Various studies are available in which rectus sheath sling was used for vault prolapse^{3,4} with considerable success rates but unfortunately this procedure has not been studied much.

Anterior approach has also been studied where rectus sheath slings are attached anteriorly to supravaginal portion of cervix after separating the bladder but posterior approach is favourable because it is less time consuming, simple to perform with minimal blood loss and no risk of bladder injury. If a caesarean section is required later on there is no damage to the slings and it is easier to perform in patients with previous caesarean sections and adhesions anteriorly.

CONCLUSION

It is an effective and simple procedure with less time consumption and less blood loss which does not hamper fertility and future vaginal delivery but it needs to be evaluated further for long term results and it invites future studies to be done on this procedure.

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