

Abdominal Suspension Operation for Uterovaginal Roll Strip of Rectus Sheath as sling

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ABSTRACT

Aim: To assess the efficacy of innovative sling suture of rectus sheath as a ribbon for correction of 2. degree uv prolapse.

Methods: This study is carried out from February, 2014 till 15th April 2020 and is continued. The source of patients was combined from private sector at Nishtar Medical College, Multan. In this study total number of patients are 35.

Study design: Prospective.

Results: Mean age of our study cases was 43.23 08.29 years ranging from 27 years to 65 years of age. Results of operation were excellent, 24 patients (68.5%) came for follow up and they were satisfied. Mean parity of our patients 3.42 1.39 and 8.5% were nulliparous, 20% were pats 1 and 71.496 were multifarious. Regarding to immediate post operative results, all patients had unevent full post operative period. No patient developed urinary retention, recovery was quick with minimum blood loss.

Conclusion: Abdominal suspension operation for 2nd degree UV prolapse is a simple procedure, and is modified to enhance to support the weakened supports of uterus and vagina along with the bladder and rectum. This procedure has minimal blood loss and can be done in short time.

Keywords: Rectus sheath, sling, uterovaginal roll strip

INTRODUCTION

Second degree UV prolapse is one of the very common gynaecological disorders presenting in outdoor¹⁻⁵. The age of patients ranging from 35-65 years. It is more common in under developed countries ,majority delivers at hoses TBA and lack of awareness of HOT are the main contributing factors. These patients are usually symptomatic and they need treatment. Options of treatment; either conservative or surgical. Conservative treatment usually fails and has a very low compliance. But regarding to surgical treatment, Manchester's repair is the option she uterus needs to be conserved. Along with the Manchester's repair, vagina hysterectomy with anterior and posterior colpopreniophy is the second choice⁸. Abdominal suspension procedure is a new technique as that its not only helpful in preserving uterus as a few patients wish but also give satisfaction of the preservation of fertility as well. It has advantage over vaginal hysterectomy, in old patients or patients with previous surgeries having adhesions, saves the patient from prolonged anaesthesia and has less morbidity rate⁹⁻¹³.

MATERIAL AND METHODS

The no of patients included in this study is 35. All these women had 2nd degree tin prolapse. Degree of cystocele and rectocele was variable. 20 patients were in reproductive age and rest of 15 patients were not in active reproductive age, their ages varied from 39 - 60 years and this group was having cystocele and rectocele more frequent than the first group. After taking consent and counselling, patients were taken to operation theatre, abdomen was opened through Pfannenstiel incision. Dissection of rectus sheath was done is a way that a flap of rectos sheath separated like a ribbon. Then peritoneal

cavity was opened, uterus approached and needle with proline no.1 was passed through rectus sheath, and the thread was secured by artery forceps. After entering in peritoneal cavity a stitch taken in full bite through right sided round ligament, further passed in front of isthmus and pierced through left broad ligament, went posterior to uterus which was lifted up to maximum extent then needle passed through-full thickness of right and left utero-sacral ligament in 2 bites and then taken out and again same stitch and same fashion taken with utero sacral ligament. It was passed forward through right broad ligament and next stitch was taken through left round ligament in full thickness and taken outside peritoneal cavity and passed through rectos sheath. At the same time assistant asked to do pelvic examination and both ends of proline no. 1 were tightened together in front of the rectus sheath while assistant was assessing the ascent of pelvic organs along with cystocele and rectocele. After trying proline stitch in front of rectus sheath, it was found that all the structures ascended up and cystocele and rectocele were automatically corrected.

RESULTS

Mean age of our study cases was 43.23 8.29 years ranging from 27 years to 65 years. Symptoms of our patients have been given in (Table 1) Mean parity of our patients was 3.42 ± 1..39 and 8.5% were nulliparous, 20% were pats 1 while 71.4% were multiparous as given in (Table no. 3).Regarding to immediate post operative result, all patients had unevent full post operative period. No patient developed urinary retention. Patients recovered quick and blood loss was minimum. At the time of discharge, patients were examined & were found to be having cervix at ischial spines, and cystocele& rectocele was automatically

corrected, as uterine supports were strengthened by taking the suture with proline no. 1.

Table-1: Profile of the patients: Symptoms

Symptoms	n
2 nd degree uterine prolapse only	18 (51.4%)
2 nd degree uterine prolapse with cystocele	09 (25.7%)
2 nd degree uterine prolapse with cystocele and rectocele	08(22.8%)

Table 2: Profile of the patients: Age in year

Up to 40 years		More than 40 years	
15	42.8%	20	57.1%

Table 3 : Profile of the Patients: Parity

Nulliparous	Para 1	Multiparous
03	07	25
8.5%	20%	71.5%

DISCUSSION

This study used a new technique to correct the 2nd degree UV prolapse along with cystocele and rectocele. Flap of rectus sheath is used as a sling, using the proline no.1. It is a very simple Procedure involving four stitches after passing thread through the rectus sheath, the next stitch was taken through left round ligament and then going back through broad ligament and then utero cervical ligament, after that 2nd and 3rd stitch was taken through left and right uterosacral ligament and was coming forward through right broad ligament to the left round ligament, then taken above and passed through the ribbon of rectus sheath and both ends tied together to it does not only elevate the uterus but also corrects the cystocele and rectocele simultaneously. It consumes less time with minimum blood loss and less chances to injure the adjacent structures. In my opinion this technique is very easy and can be used in future as a routine procedure where it is indicated. A similar study was conducted in Ayub hospital complex in Abbottabad by Nisa R and Zahida Perveen with a bit modification and they were satisfied too¹⁴.

CONCLUSION

Abdominal suspension operation for 2nd degree UV prolapse is a simple procedure and is modified to enhance the support of weakened supports of uterus and vagina. This procedure can be done in a short time with minimal blood loss.

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