

rection of uroclepsia was carried out. At second stage elimination of prolapse was carried out. For correction of uroclepsia free synthetical loops TVT (in 112 cases) and TVT-O (in 20 cases) were used. The indications for usage of TVT and TVT-O were uroclepsia predominantly in strain of second type according to Mc. Guire in combination with pelvic prolapse. Intubation narcosis was used in all cases.

**Results.** Immediate and long-term results of operations were studied. The fates of surgical treatment were estimated as positive and negative. Positive results are the results when patients after operation can keep urine; negative results are the results when the operation did not affect and the patients had to use cappings. During 2-5 days of postoperative period positive results in main group were achieved in all 132 (100%) of patients. In these women natural urination was restored, uroclepsia symptoms disappeared. Ultrasonography was carried out in regard of all patients with the purpose of postop-

erative control; it discovered decrease of urethra size, absence of residual urine and basis of urocyt was situated higher; its pathologic instability disappeared – it is the result of prolapse correction.

The analysis of long-term results of operations comparatively in patients of main and control group showed that in patients of second group (according to data of retrospective) negative results were observed in 2 (3,7%) patients in 3 months, in 3 patients (5,7%) in 6 months, in 6 (11,3%) in 12 months and in more than year – in 3 (5,7%). Total number of backsets in patients of control group amounted to 14 (26,4%). As a result, operation with usage of free synthetical loops (TVT and TVT0) was effective in all 100% women who suffered from genital prolapse in combination with stress uroclepsia.

**Results.** Besides, the best results are achieved in accurate selection of patients and observance of surgical interference technique.

**Korshunov M.Y., Sazykina E.I.**

Department of Obstetrics & Gynecology Pavlov's Medical State University, St-Petersburg, Russia

## SURGICAL REPAIR OF VAGINAL VAULT PROLAPSE: COMPARING OF VAGINAL AND ABDOMINAL PROCEDURES

**Introductions.** Uterovaginal prolapse beyond the hymenal ring is always associated with multiple defects of pelvic organ support, which requires complex reconstruction of pelvic floor. Conventional vaginal repairs of enterocele and vault prolapse often do not prevent vaginal prolapse recurrences (Karram M., 1999). High uterosacral vaginal vault suspension with fascial reconstruction is aimed to repair all the apical defects, thus restoring the entire anatomy of apical support (Barber M., 2001).

**Objective.** To compare the results of abdominal sacrocolpopexy and vaginal high uterosacral vaginal vault suspension with fascial reconstruction for the uterovaginal and vault prolapse repair.

**Material and methods.** 62 consecutive women with III and IV stages of vaginal vault prolapse underwent one of the aforementioned surgical procedures during the period from 2001 to 2004. In group 1 (n=20) patients had posthysterectomy vault prolapse. In group 2 (n=42) advanced uterovaginal prolapse was observed. In the first group we performed abdominal sacrocolpopexy using Prolene mesh (GyneMesh PS), in the second group – vaginal hysterectomy followed by high uterosacral vaginal vault suspension with fascial reconstruction (J. Miklos, 1998). Also, we performed concomitant repairs of cystocele with reinforcement by the Prolene mesh, posterior colporrhaphy, levatoroplas-

tics, TVT or TVT Obturator where needed. The vaginal profile was evaluated according to a standard POP-Q system (ICS, 1996) before and 1 year after surgery. Complete objective cure was estimated as POP-Q point C stage 0, satisfactory cure result – stage I, and objective failure  $\geq$  stage II.

**Results.** The complete objective cure or satisfactory results were observed in 100% patients from group 1 and in 41 (97,6%) patients from group 2 (P=1,0). Indeed, complete objective cure was achieved in 19 from 20 patients in group 1 and in 31 from 42 in group 2. Objective failure (stage C II) was observed in only 1 patient in group 2. Among that, 2 recurrent cystoceles (stage Ba II) were noted in sacrocolpopexy group.

**Conclusions.** Vaginal repair of apical support defects by site-specific fascial reconstruction and high uterosacral ligament suspension has comparable results with abdominal sacrocolpopexy and could be used successfully in patients with advanced stages of uterovaginal prolapse, especially in those who require concomitant enterocele, cystocele and rectocele repair. Abdominal sacrocolpopexy is a highly effective method for post-hysterectomy vault prolapse correction, including recurrent cases. Randomised controlled trials are needed to obtain more evidence for choosing the surgical route and procedures in patients with advanced uterovaginal, vault prolapse and enterocele.