

Sacral Colpopexy with Fascia Lata: a 1-year follow-up.

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Background

Sacrocolpopexy is the gold standard for vault and multicompart ment prolapse(1). With no TGA approved mesh available in Australia, fascia lata(FL) is being used alternatively.

Aim

To examine 1-year outcome of FL sacrocolpopexy/hysteropexy.

Method

Prospective cohort study of women with \geq stage 2 prolapse undergoing FL sacrocolpopexy/sacrohysteropexy with 1-year follow-up. Primary outcome was defined as Patient Global Impression of Improvement(PGI-I). Secondary outcomes were patient reported outcomes(PRO) using Australian Pelvic Floor Questionnaire(APFQ) and POP-Q. Paired T-test was used for statistical analysis.

References

1. Maher et al. CochDatSystRev 2023, Issue7. Art.No.: CD012376.

Results

From August 2022-Sept 2024, 100 underwent the procedure. 50 women have completed 1-year follow-up. Mean age and BMI were 67y and 26kg/m². Of those 50, 6(12.0%) underwent sacrohysteropexy. 20(40.0%) and 30(60.0%) were performed laparoscopically and robotically, with 11(22.0%) and 39(78.0%) performed by the fellow and consultant as primary surgeon. Concomitant vaginal repair was performed in 30(60.0%) cases. 8(16%) had concomitant antiincontinence surgery. Mean graft harvesting time and size were 23min and 12x3.6cm, respectively. No intraoperative complications were noted. Mean PGI-I was 1.6. 86.0% reported PGI-I as "very much better" or "much better". There was significant improvement in APFQ bladder, bowel, and prolapse scores postoperatively ($p < 0.001$ for bladder/prolapse; $p = 0.002$ for bowel). POP-Q point Ba, C and Bp improved significantly postoperatively ($p < 0.001$). At follow-up, no graft exposure or ongoing complications related to the thigh wound were noted. Two patients (4.0%) had repeat prolapse surgery; de novo SUI and OAB were reported by 5(10.0%) and 2(4.0%) participants, respectively. One(2.0%) patient underwent retropubic sling surgery 1 year after the initial surgery.

Conclusion

Our study suggests that FL may be a promising graft for sacrocolpopexy/sacrohysteropexy. However, this is to date a small series and short term follow-up. Recruitment and long-term follow-up is ongoing.