The Novel Method for Complicated cases of uterine prolapse and cystocele and rectal prolapse

- Laparoscopic sigmoid and uterus pexis to the abdominal wall –

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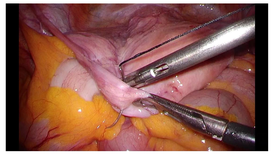
Objective of the technology

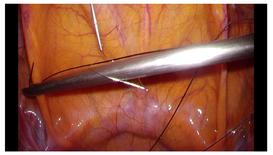
- Pelvic organ prolapse is a common condition among older women, characterized by the prolapse of the rectum, uterus, or bladder through the perineum.
- However, no uniform surgical procedure exists for pelvic organ prolapse, as doctors dealing with each organ have different specializations. In addition, radical treatment is often highly invasive, so the establishment of minimally invasive treatment methods is desirable.
- To address this issue, we devised a novel treatment method, involving a simple suspension and immobilization of the prolapsed organs on the abdominal wall.

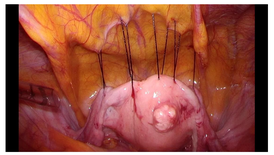
The technic and method

1. Uterine pexy

The thread is sutured over the uterine fundus. A 2-mm incision is made on the abdominal wall, through which a needle catcher is punctured, and the thread is guided out of the body.







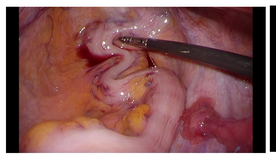
The fixation area is from the uterine fundus to the circular ligament.

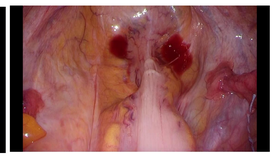


This process is repeated six times, extending from the base of the uterus to the circular ligament.

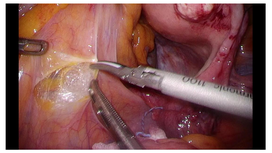
Rectal Deflection for Rectal Prolapse

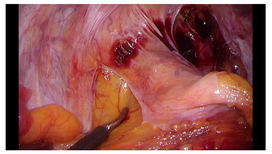
Cases of rectal prolapse show bowel deflection within the mesorectum.





2. Incision of rectum peritoneum

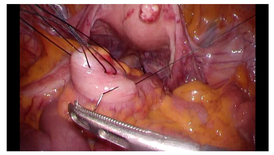




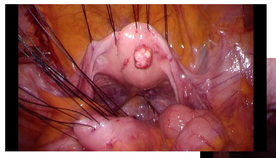
To increase the mobility of the sigmoid colon and rectum, the peritoneum is incised from the capitulum angle to the transverse peritoneal area, without peeling the dorsal area of the rectum.

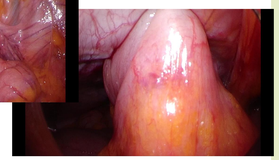
The sigmoid colon is then fixed to the lower abdomen, at a location where straight alignment between the sigmoid colon and rectum is achieved.

3. Sigmoid pexy

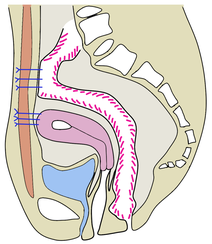


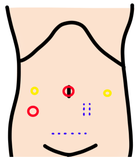
For the rectum, six sutures with an inter-suture distance of 1 cm are placed similar to those for the uterus.





Finally, the insufflation pressure is reduced to 3 mmHg and the suture threads are ligated subcutaneously.





Red circle: 12mm trocar
Yellow circle: 5mm trocar
Blue line: 2mm incisions for pexy

Case presentation

Subjects: Consecutive cases of rectal uterine prolapse who visited our outpatient clinic from December 2021 to December 2023.

Patients: Six patients were recruited and all were fully informed and requested this treatment.

Operative time: 118 minutes (median, range:99–178 minutes)
Bleeding: minimal in all cases.

Postoperative course:
No instance of postoperative uterorectal prolapse was observed.
Fecal incontinence present in all cases preoperatively, was resolved postoperatively. Frequent and residual urination was present preoperatively in five patients, three of whom had resolved postoperatively. The two patients with residual urological symptoms were present had meatus formation in the bladder..

Conclusion

- Suspension and fixation of the sigmoid gland and uterus to the abdominal wall improved all symptoms of pelvic organ prolapse.
- Because of the bladder-uterine ligament, simply suspending the uterus eliminated bladder prolapse in the vicinity of the urethra.
- This resulted in the disappearance of urinary symptoms, such as frequent and residual urination, even if the bladder mass remained.
- This technique is simple, non-artificial (mesh), safe, quick to perform, reproducible, and inexpensive. It can serve as a potential treatment option for pelvic organ prolapse.

Contact

If you have any questions, please feel free to contact us.

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