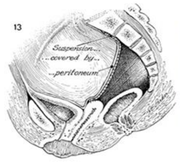
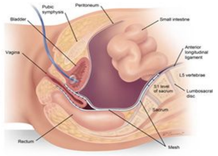
Closed Loop Obstruction Status Post Sacral Colpopexy

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Introduction

- Sacral colpopexy is the gold standard treatment for POP, which involves surgical fixation of the vaginal vault to the sacral promontory using a Y-shaped non-absorbable mesh
- documented rare cases of mesh-related complications such as closed loop bowel obstruction
- ‘peritonealization’: closing the peritoneum over the mesh

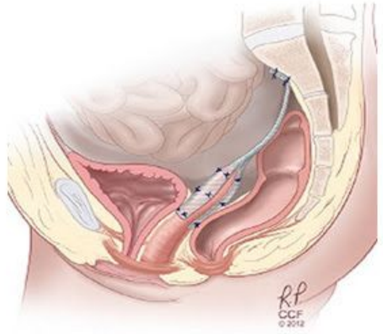




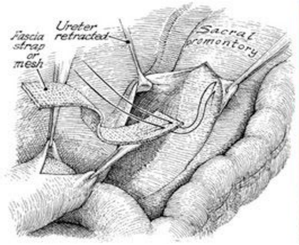
POP = pelvic organ prolapse

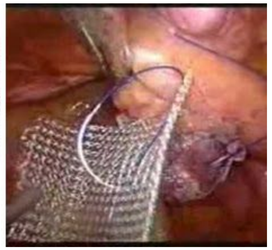
Case presentation

We present the case of a 43 year old female with surgical history of robotic supracervical hysterectomy, bilateral salpingo-oophorectomy and sacrocolpopexy with permanent Y-mesh for uterovaginal prolapse one year prior, who presented with a closed loop small bowel obstruction necessitating bowel resection.



She initially presented with abdominal pain for one day with over ten episodes of vomiting and pain localized to the right lower quadrant (RLQ) and suprapubic region. CT imaging revealed a closed loop bowel obstruction and the patient was promptly taken to the operating room several hours later for a diagnostic and exploratory laparotomy, excision of sacral mesh and resection of 50 cm of small bowel with a primary anastomosis. Upon entry into the abdomen, a segment of necrotic bowel was noted in the RLQ which prompted the haste conversion to open. It was noted that the mesh had acted as a bridge under which the small bowel and mesentery were trapped, resulting in a necrotic segment of small bowel. The mesh tape was divided and excised as a foreign body. The patient had an uneventful postoperative course and was discharged one week later.





DISCUSSION / CONCLUSION

This case **highlights** a rare but serious complication following sacral colpopexy, where despite peritonealization, the Y-shaped mesh used led to a closed-loop bowel obstruction resulting in bowel necrosis and bowel resection. While sacral colpopexy remains a highly effective and generally safe procedure, this case emphasizes the importance of considering potential mesh-related complications, even when recommended preventive measures, such as peritonealization, are performed. Surgeons should maintain a high index of suspicion for mesh-related complications in patients presenting with acute gastrointestinal symptoms following sacral colpopexy, as a timely diagnosis and intervention are critical for optimal outcomes.

REFERENCES / ACKNOWLEDGEMENTS

- https://journals.lww.com/fpmrs/abstract/2021/11000/bowel_obstruction_after_sacrocolpopexy__a_case.14.aspx
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8039662/
- https://lin.springer.com/article/10.1007/s11934-016-0643-x
- https://www.scienceedirect.com/science/article/abs/pii/S0029578070002839
- https://pubs.rsna.org/doi/full/10.1148/rg.220137
- http://www.smallscargyn.com/urogynecology/sacral-colpopexy/