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**Mesh Free Laparoscopic High Uterosacral Ligament Suspension during
Total Laparoscopic Hysterectomy for Uterine Prolapse**

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Conflicts of interest

Mr Stergios K Doumouchtsis reports other from Oxford University Press, other from Springer Nature, grants and other from Speciality European Pharma, other from Delta Health Limited, personal fees from Astellas, outside the submitted work.

Mr Haider Jan and Miss Vishalli Ghai report no conflicts of interest

Institutional review board/Ethics committee ruled that approval was not required for this study.

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ABSTRACT

STUDY OBJECTIVE: To demonstrate a mesh free approach for uterine prolapse during a hysterectomy.

DESIGN: Technical video demonstrating a mesh-free approach to uterine prolapse using a laparoscopic high uterosacral ligament suspension technique. (Canadian Task force classification level III)

SETTING: Benign gynaecology department at a University Hospital.

INTERVENTION: A 50 -year-old presented with irregular vaginal bleeding and grade 3 uterine prolapse. The patient was concerned regarding the use of mesh and erosion. After counselling, the patient agreed to a mesh free single procedure.

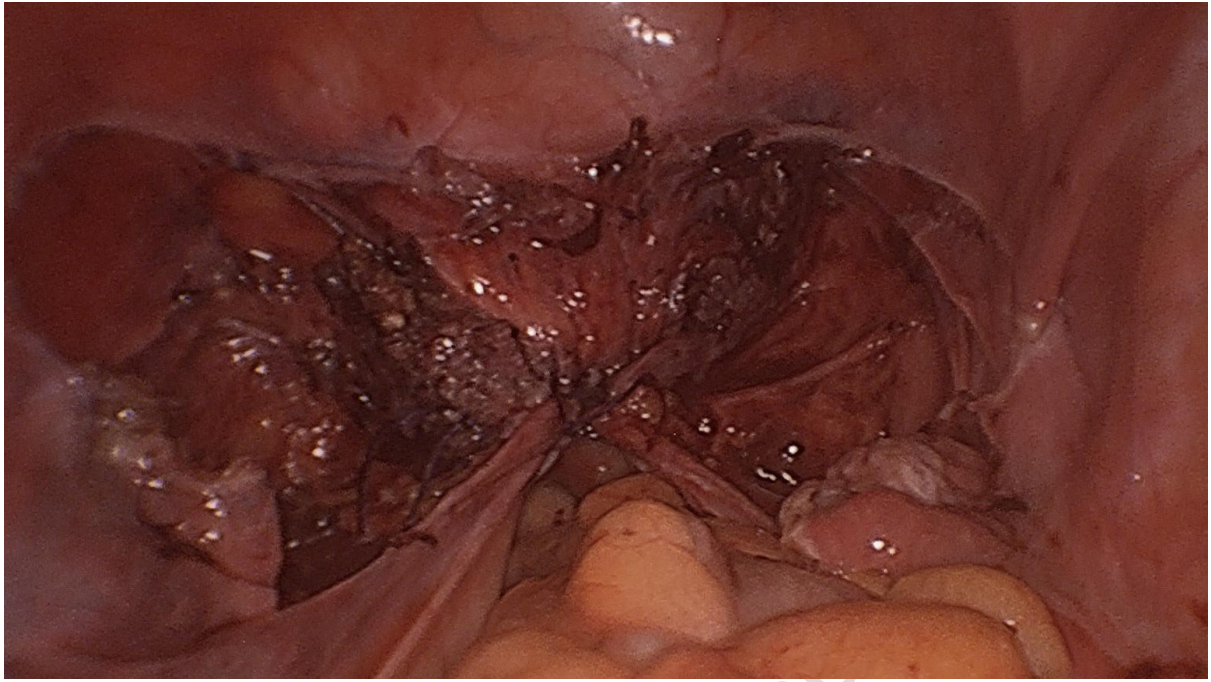
CONCLUSION: The use of mesh for the treatment of pelvic organ prolapse has become the subject of controversy and litigation. Complications of mesh erosion have resulted in the FDA reclassifying transvaginal meshes to high risk devices in 2016. [1] Mesh erosion risk is up to 23% [2] with hysterectomy and concomitant laparoscopic sacrocopopexy, and 3% with sacrohysteropexy. [3] We present an alternative laparoscopic approach of treating uterine prolapse with high uterosacral suspension during laparoscopic hysterectomy. Our method avoids use of mesh, sacrocervicopexy and morcellation, or an interval sacrocolpopexy. Although, high uterosacral ligament suspension can be performed vaginally it carries up to an 11% risk of ureteric injury. [4] In this video, bilateral ureterolysis is performed, prior to the hysterectomy, isolating the uterosacral ligaments. These are then suspended to the vaginal vault in a purse-string fashion using Vicryl 0 (polyglactin 910) and intracorporeal knot-tying. Post-procedure the vault is well supported with a vaginal length of 12 cm.

KEYWORDS: Pelvic organ prolapse; Mesh free; Laparoscopic vaginal vault suspension

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High uterosacral ligament suspension still_V2_bestsetConverted.png

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