

Abdominal Suspension Operation for Uterovaginal Prolapse using strip of Rectus Sheath as a Sling

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ABSTRACT

Background: To assess the efficacy of innovative sling suture of rectus sheath as a ribbon for correction of 2nd degree UV prolapse. **Methods:** This study is carried out from April 2015 to April 2020. The source of patients was combined from the private sector at Nishtar Medical College, Multan. Total numbers of 35 patients are included in this study. Study design: A prospective study was carried out. **Results:** Mean age of our study cases was 43.23 +08.29 years ranging from 27 years to 65 years of age. Results of operation were excellent, 24 patients (68.5%) came for follow up and they were satisfied. Mean parity of our patients 3.42 1.39 and 8.5% were nulliparous, 20% were pats 1 and 71.496 were multifarious. Regarding immediate post-operative results, all patients had an uneven full post-operative period. No patient developed urinary retention; recovery was quick with minimum blood loss. **Conclusion:** Abdominal suspension operation for 2nd degree UV prolapse is a simple procedure, and is modified to enhance to support the weakened supports of uterus and vagina along with the bladder and rectum. This procedure has minimal blood loss and can be done in a short time.

Keywords: Sling Suture, Rectus Sheath, Urinary Retention.

INTRODUCTION

Second degree UV prolapse is one of the very common gynecological disorders presenting in outdoor.^[1-5] The age of patients ranging from 35-65 years. It is more common in underdeveloped countries, the majority delivers at hoses TBA and lack of awareness of HRT are the main contributing factor. These patients are usually symptomatic and they need treatment. Options of treatment; are either conservative or surgical. Conservative treatment usually fails and has very low compliance.^[6,7] But regarding surgical treatment, Manchester's repair is the option she uterus needs to be conserved. Along with Manchester's repair, vagina hysterectomy with anterior and posterior colpopreniophy is the second choice.^[8] Abdominal suspension procedure is a new technique as that it is not only helpful in preserving uterus as a few patients but also gives satisfaction to the preservation of fertility as well. It has an advantage over vaginal hysterectomy, in old patients or patients with previous surgeries having adhesions, saves the patient from prolonged anesthesia and has less morbidity rate.^[9-13]

MATERIALS & METHODS

A prospective study was carried out in the gynecology department of Nishtar Medical College

Multan from April 2015 to April 2020. A total number of 35 patients are included in this study.

All these women had 2nd degree tin prolapse. The degree of cystocele and rectocele was variable. Twenty patients were in reproductive age and the rest of 15 patients were not in active reproductive age. Their ages varied from 39 — 60 years and this group were having cystocele and rectocele more frequent than the first group. After taking consent and counseling, patients were taken to operation theatre; the abdomen was opened through Pfannenstiel incision. Dissection of rectus sheath was done in a way that a flap of rectos sheath separated like a ribbon. Then peritoneal cavity was opened, uterus approached and needle with proline no.1 was passed through rectus sheath, and the thread was secured by artery forceps. After entering in the peritoneal cavity, a stitch taken in full bite through the right-sided round ligament, further passed in front of the isthmus and pierced through the left broad ligament, went posterior to the uterus which was lifted up to maximum extent then needle passed through-full thickness of the right and left uterosacral ligament in 2 bites and then taken out and again same stitch and same fashion taken with a uterosacral ligament. It was passed forward through the right broad ligament and the next stitch was taken through a left round ligament in full-thickness and taken outside the peritoneal cavity and passed through rectos sheath. At the same time assistant asked to do a pelvic examination and both ends of proline no. 1 were tightened together in front of the rectus sheath while the assistant was assessing the ascent of pelvic organs along with cystocele and

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rectocele. After trying proline stitch in front of rectus sheath, it was found that all the structures ascended up and cystocele and rectocele were automatically corrected.

RESULTS

The mean age of our study cases was 43.23 +8.29 years ranging from 27 years to 65 years. The symptoms of our patients have been given in [Table 1]. The mean parity of our patients was 3.42 ± 1.39 and 8.5 % were nulliparous, 20% were patted 1, while 71.4% were multiparous as given in [Table 3]. Regarding immediate post-operative results, all patients had an uneven full post-operative period. No patient developed urinary retention. Patients recovered quickly and blood loss was minimal. At the time of discharge, patients were examined & were found to be having cervix at ischial spines, and cystocele& rectocele was automatically corrected, as uterine supports were strengthened by taking the suture with proline no. 1.

Table 1: Profile of the patients: Symptoms

Symptoms	No. Of patients
2nd degree uterine prolapse only	18 (51.4%)
2nd degree uterine prolapse with cystocele	09 (25.7%)
2nd degree uterine prolapse with cystocele and rectocele	08(22.8%)

Table 2: Profile of the patients: Age in year

Up to 40 years	More than 40 years
15 (42.8%)	20 (57.1%)

Table 3: Profile of the Patients: Parity

Nulliparous	Para 1	Multiparous
03	07	25
8.5%	20%	71.5%

DISCUSSION

This study used a new technique to correct the 2nd degree UV prolapse along with cystocele and rectocele. A flap of the rectus sheath is used as a sling, using the proline no.1. It is a very simple procedure involving four stitches after passing a thread through the rectus sheath, the next stitch was taken through the left round ligament and then going back through the broad ligament and then utero cervical ligament, after that 2nd and 3rd stitch was taken through left and right uterosacral ligament and was coming forward through the right broad ligament to the left round ligament, then taken above and passed through the ribbon of the rectus sheath and both ends tied together to it does not only elevate the uterus but also corrects the cystocele and rectocele simultaneously. It consumes less time with minimum blood loss and less chance to injure the adjacent structures. In my opinion, this technique is very easy and can be used in the future as a routine procedure where it is indicated. A similar study was

conducted in Ayub hospital complex in Abbottabad by Nisa R and Zahida Perveen with a bit modification and they were satisfied too.^[14]

CONCLUSION

Abdominal suspension operation for 2nd degree UV prolapse is a simple procedure and is modified to enhance the support of weakened supports of uterus and vagina. This procedure can be done in a short time with minimal blood loss.

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