

بسم الله الرحمن الرحيم





شبكة المعلومات الجامعية التوثيق الالكتروني والميكرو فيلم



جامعة عين شمس

التوثيق الإلكتروني والميكرو فيلم

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Modified Purandare's Cervicopexy versus Abdominal Sacral Hysteropexy as Conservative Surgeries for Genital Prolapse: A Randomized Control Trial

Thesis

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قَالَ

لَسْبَدَانِكَ لَا عِلْمَ لَنَا
إِلَّا مَا عَلَّمْتَنَا إِنَّكَ أَنْتَ
الْعَلِيمُ الْعَظِيمُ

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List of Abbreviations

Abb.	Full term
AC	<i>Anterior colporrhaphy</i>
ASC	<i>Abdominal Sacrocolpopexy</i>
AUGS	<i>American Urogynecologic Society</i>
BMI	<i>Body mass index</i>
CI	<i>Confidence interval</i>
FDA	<i>Food and Drug Administration</i>
GH	<i>Genital hiatus</i>
ICG	<i>Iliococcygeus</i>
ICS	<i>International Continence Society</i>
IPA	<i>Internal pudendal artery</i>
MP	<i>Manchester procedure</i>
PFMs	<i>Pelvic floor muscles</i>
PFMT	<i>Pelvic-floor muscle training</i>
POP	<i>Pelvic organ prolapse</i>
POP-Q	<i>Pelvic Organ Prolapse Quantification system</i>
RSC	<i>Robotic Sacrocolpopexy</i>
SPSS.....	<i>Statistical Package for Social Sciences</i>
SSF	<i>Sacrospinous fixation</i>
TOT.....	<i>Transobturator tape</i>
TVM	<i>Transvaginal mesh</i>
UV	<i>Utero-vesical</i>
VAS	<i>Visual analogue scale</i>
VM	<i>Transvaginal mesh</i>
VPVR	<i>Vaginal paravaginal repair</i>

INTRODUCTION

Pelvic organ prolapse (POP), the herniation of the pelvic organs to or beyond the vaginal walls, is a common condition. Many women with prolapse experience symptoms that impact daily activities, sexual function, and exercise⁽¹⁾. Uterine prolapse not only affects older women but is also very common among younger women⁽²⁾.

There are many conservative surgeries for management of uterine prolapse. This indicates that no gynecologist in the past has been completely happy with the various operations at his / her disposal⁽³⁾. The successful surgical treatment of uterine prolapse with retention of the uterus is a surgical challenge. The aims of the surgical procedures are to correct prolapse with the most efficient long-lasting results, to allow normal sexual function, and to preserve childbearing function⁽⁴⁾.

The most commonly used option is the abdominal sacrohysteropexy⁽⁴⁾. Abdominal sacrohysteropexy procedure is performed using mesh fixed to the uterine isthmus anteriorly & to the anterior longitudinal ligament over sacral promontory posteriorly⁽⁵⁾.

Purandare described a technique for the surgical treatment of genital prolapse in young women in 1965. He used rectus sheath strips as sling material⁽³⁾. Purandare cervicopexy was later modified by Dr. V. N. Purandare. He used Mersilene

tape (30 cm long, 5 mm broad) which is stitched at the uterine isthmus anteriorl ⁽⁶⁾. **Rameshkumar et al., (2017)**⁽⁷⁾ used prolene mesh instead of the merseline tape in their study with the same operative steps⁽⁷⁾.

The Aim of our study was to compare between abdominal sacrohysteropexy with mesh and modified Purandare cervicopexy using mesh regarding postoperative recurrence to evaluate the success rate of such uterine sparing procedures.

AIM OF THE WORK

To compare between modified Purandare's cervicopexy and abdominal sacral hysteropexy in terms of post operative recurrence, operative time, intra operative complications and post operative complications.

ANATOMY OF THE PELVIC FLOOR

The pelvic floor is composed of muscles, ligaments, and fascia that act as a sling to support the bladder, reproductive organs, and rectum. This sling of soft tissue is enclosed by the bony scaffolding of the pelvis, formed by 2 innominate bones made from the ilium, ischium, and pubis, which articulate with the sacrum posteriorly and each other anteriorly. Extending from the sacrum is the coccyx, which acts as an important ligamentous and tendinous anchor (*Eickmeyer, 2017*).

In the posterior pelvic ring, there are 2 sacroiliac joints. The anterior sacroiliac ligaments, composed of the anterior longitudinal ligament, the anterior sacroiliac ligament, and the sacrospinous ligament, stabilize the joint by resisting upward movement of the sacrum and lateral movement of the ilium. The posterior sacroiliac ligaments are made up by the short and long dorsal sacroiliac ligaments, the supraspinous ligament, the iliolumbar ligament, and the sacrotuberous ligament. These ligaments function to resist downward and upward movement of the sacrum and medial motion of the ilium. Of note, the long dorsal sacroiliac ligament is believed to be a source of posterior pelvic pain owing to the forces transmitted from the sacroiliac joints and hip joint to the nociceptors and proprioceptors within the ligament. Anteriorly, the pubic symphysis is a cartilaginous joint between the 2 pubic bones reinforced by superior, inferior, anterior, and posterior ligaments. Functionally, it resists tension,