Clinics in Surgery

Surgical Technique
Published: 04 Jan, 2022

Cystocele Repair by the Construction of Deep and Superficial Vaginal Plans

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Abstract

Old surgical techniques consisting in anterior colporrhaphy with native vaginal tissue are ineffective to cure the cystocele in most cases. Vaginal mesh is effective to cure the cystocele in most cases but is accompanied by high rates of complications.

As interposition of mesh between the vagina and the bladder is effective, we propose to replace this mesh by native tissues of vagina.

After the bladder is dissected from the vaginal wall, cystocele repair consists in creating two vaginal plans to cover the bladder.

Introduction

Conservative treatment of cystocele is ineffective in most cases. Surgery is indicated for symptomatic vesical prolapse. Vaginal mesh placed between the vagina and the bladder is effective to cure the cystocele and prevents the recurrence. However, this prosthetic treatment is accompanied by high rates of complications with physical, sociological and sexual impact [1]. The old techniques consisting in colpectomy and/or dissection of Haban fascia and sutures in paletot fragilise the vagina and are ineffective to cure the cystocele and to prevent recurrence in most cases. As interposition of mesh between the vagina and the bladder is effective, we propose to replace this mesh by native tissue of vagina.

Description of the Surgical Technique to Cure Cystocele

After longitudinal anterior vaginal colpotomy, the bladder is dissected from the vaginal wall and reinserted into its original position. Lateral longitudinal colpotomies are performed (Figure 1). Vaginal flaps are isolated from each part of the colpotomy but remain attached to the vagina in order not to be devascularized. These flaps are deepidermized and sutured on the median line with 3.0 resorbable sutures (Figure 2). Thus, the deep vaginal plan that covers the bladder is constituted.

A second plan is made by the external vagina and closed by resorbable sutures (Figure 3).

This technique is shown in Figure 1.

These two vaginal plans are stronger than one vaginal plan and replace the prosthetic material in order to avoid its complications.

The Figure 1 shows the 3 steps of this reinforced surgical technique for cystocele repair:

1. Lateral colpotomies
2. Construction of deep vaginal plan to cover the bladder
3. Closure of the external vaginal plan which cover the deep vaginal layer.
4. And then the final aspect of the reconstruction of the vagina.

We report this successful surgical technique for a patient who suffered from a vesical prolapse through the vagina.

Figure 2: showed the cystocele.

Figure 3: showed the deep vaginal plan obtained after lateral colpotomies and sutures.

Figure 4: showed the external vagina sutured and that covered the deep vaginal plan.

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Received Date: *03 Dec 2021*
Accepted Date: *31 Dec 2021*
Published Date: *04 Jan 2022*

Citation:
Alouini S. Cystocele Repair by the Construction of Deep and Superficial Vaginal Plans. Clin Surg. 2022; 7: 3394.

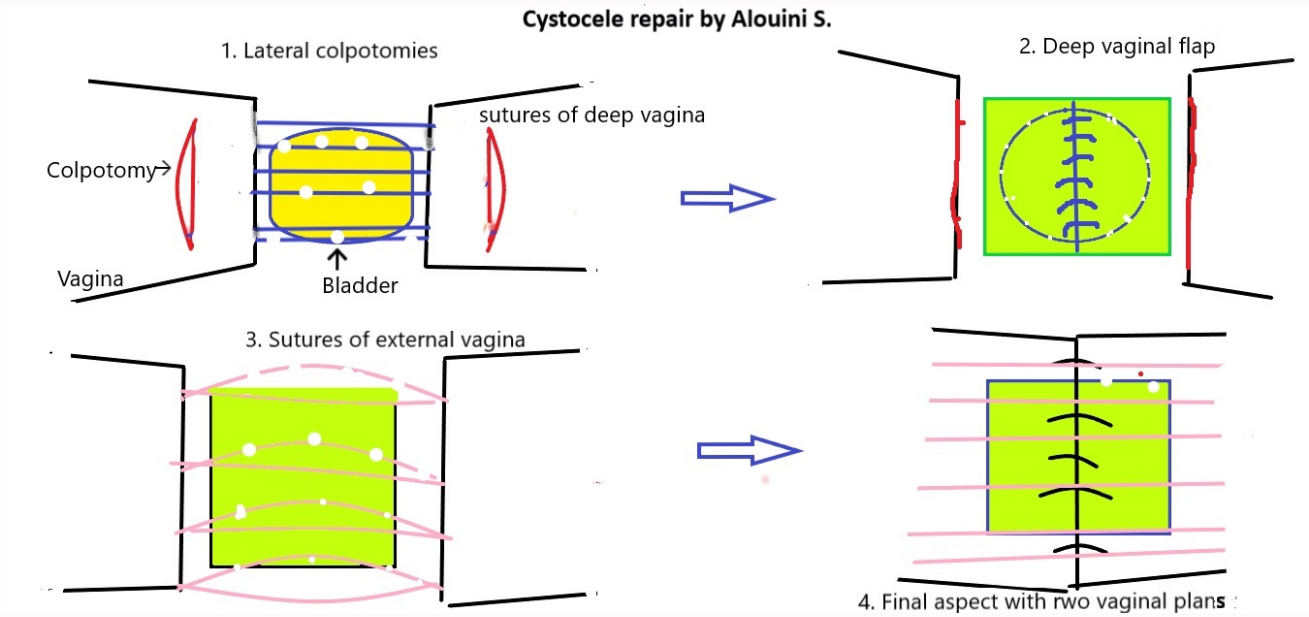

Figure 1: Cystocele repair by construction of two vaginal plans.

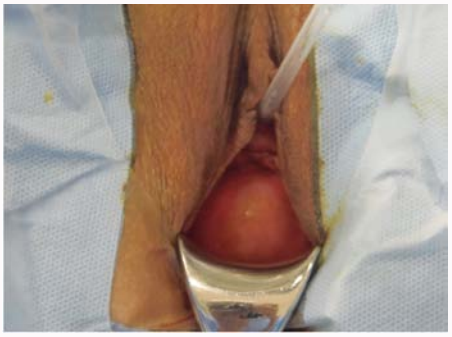

Figure 2: Cystocele.

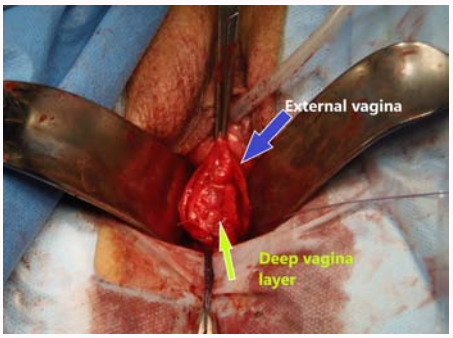

Figure 3: Deep vagina sutured.

Surgical outcomes are uneventful and anatomic and surgical results very satisfactory. Consent for publication was obtained from the patient.

Discussion

This surgical procedure with two vaginal layers for cystocele repair is stronger than the usual colpectomy which is affected by high rates of cystocele recurrence [2]. Indeed, the two plans of vagina to cover the bladder makes it stronger to prevent the development of new cystocele. Short term follow-up is very satisfactory. There were no complications or recurrence of the vesical prolapse. Indeed, the construction of the two plans of vagina is stronger than a simple perineorraphy with Halban fascia which is a division of the vagina in two plans which makes it weaker and subject to recurrences.

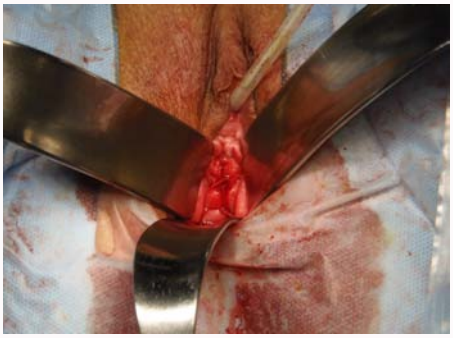

Figure 4: External vagina sutured by Alouini S.

Prosthetic devices have had a high rate of success to cure cystocele prolapse [3], however they are followed by high rates of severe complications. Therefore, vaginal mesh are now prohibited in many countries and used only in cases of clinical trials.

The deep vaginal plan replaced the vaginal mesh without its serious complications as it is the native tissue of the woman. Anatomic and surgical result are very satisfactory, however a long follow- up is necessary. In all cases, the results of this reinforced technique with the two layers of vagina, blocking the bladder prolapse should be more satisfactory than simple colpectomies.

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