

**PECTOPEXY: FIRST OPERATIVE DATA FROM
A MULTI-CENTER INTERNATIONAL TRIAL**

Pelvic Floor Repair Summit 2019

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Klinikum Nürnberg

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**Pectopexy: Symmetrical bilateral fixation on (ilio-)pectineal
ligaments at level of S2 via a PVDF mesh**

- Suitable for obese patients and for patients with a history of bowel surgery
 - No artificial narrowing of lesser pelvis
 - No presacral preparation required

Arch Gynecol Obstet (2011) 284:631–635
DOI 10.1007/s00404-010-1687-7

GENERAL GYNECOLOGY

**Laparoscopic pectopexy: a new technique of prolapse surgery
for obese patients**

Carolin Banerjee · Karl Günter Noé

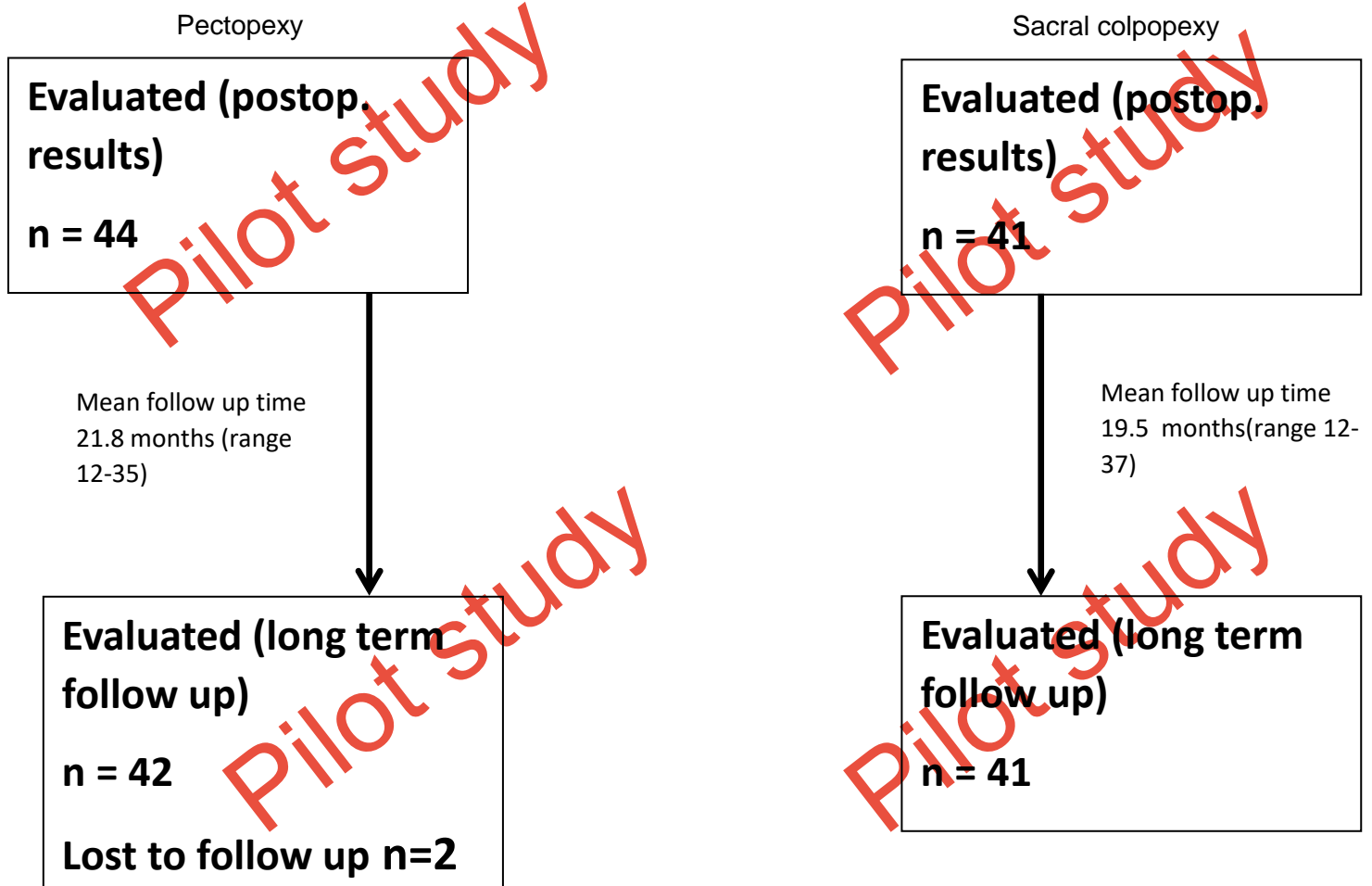
Laparoscopic pectopexy: a randomised comparative clinical trial of standard laparoscopic sacral colpo-cervicopexy to the new laparoscopic pectopexy. Short-term postoperative results

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Laparoscopic Pectopexy: A Prospective, Randomized, Comparative Clinical Trial of Standard Laparoscopic Sacral Colpocervicopexy with the New Laparoscopic Pectopexy—Postoperative Results and Intermediate-Term Follow-Up in a Pilot Study

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Accompanying interventions

	Pectopexie	Sacropexie
Number of patients	n=42	n=41
Laparoscopic supracervical hysterectomy	n=32	n=27
Anterior colporrhaphy (vaginal)	n=21	n=19
Laparoscopic colposuspension (modified Burch procedure)	n=4	n=4
Laparoscopic lateral repair	n=10	n=8
Posterior colporrhaphy (vaginal)	n=16	n=22

Short-term Results of the pilot study:

- Shorter surgical time* (43.1 vs 52.1 min), lower blood loss* (4.6 ml vs 15.5 ml), no intraoperative complications
- In addition: pectopexy as a rule with two trocars, sacropexy mostly with three trocars in the lower abdomen

Intermediate-term results of the pilot study:

De novo constipation

Pilot study, pectopexy group	0*
Pilot study, sacropexy group	19.5%*

- Unexpected effect: lower incidence of de novo lateral defect cystocele in pectopexy group (0 vs. 12.2%, no statistical significance)
- Possibly prophylactic stabilizing effect of pectopexy compared to sacropexy
- Cave: pectopexy is only for apical defect repair!

Relapse rates:

- Pectopexy n=1 (2.3%), sacropexy n=4 (9.8%)

No differences between both groups regarding other criteria

- De novo occurrence or exacerbation of central defect cystocele (n=3 vs. n=2)
- De novo occurrence or exacerbation of rectocele (n=4 vs. n=4)
- De novo occurrence or exacerbation of OAB (n=3 vs. n=7)
- De novo occurrence or exacerbation of stress urinary incontinence (n=2 vs. n=2)

Four different attachment ways of pectopexy:

<u>Cranial</u> attachment to vagina/cervix	15 x 3 cm PVDF mesh
<u>Ventral</u> attachment to cervix/uterus (small uterus)	15 x 3 cm PVDF mesh
<u>Dorsal</u> attachment to cervix/uterus (normal size or enlarged uterus)	18 x 3 cm PVDF mesh
Attachment using ventral and dorsal vaginal flap – <u>total repair</u> -	17 x 15 cm PVDF mesh

Prospective multicenter observational trial

- International multicenter trial February 2017 – April 2018 (15 months)
- 11 centers
- 501 patient records in the system
- Mean age 61.0 ± 11.4 years
- 225 patients from our center

Complains

Pelvic pressure

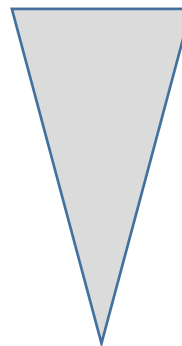
Urgency

SUI

Pain

Impairment of sexual function

Stool bulking



Accompanying interventions

- Vaginal anterior repair
- Laparoscopic cystocele repair
- Vaginal posterior repair
- Laparoscopic posterior repair
- Lateral repair
- Burch
- Tape

Major intra operative complications

Blood loss > 200 ml	5 patients	1%	
Organ damage	4 injuries	0.8%	3 bladder injuries, 1 ureter injury, all of them due to removal of adhesions

- Learning curve: after 30 procedures the personal level can be reached followed by a constant improvement for all surgeons
- Mean operative time for pectopexy 60 min (range 24-120 min)

Preliminary follow up results after at least 12 months

- 156 patients from 6 centers re-examined by the 1st of May
- Preliminary data: **three** cases of **stage II apical relapse**, **one** case of **stage III**
- Preliminary success rate 97.4 % after at least 12 months
- 0.8 % risk of *de novo* SUI

- Urgency: 90.5 % improvement rate
- Only one case of *de novo* constipation
- 96.2 % improvement rate of impaired sexual function
- 100 % improvement of pre-existing pain symptoms
- 93.1 % improvement of pelvic pressure
- 94.9 % patients would recommend the surgery to a relative

Please consider:

Pectopexy cannot be yet recommended as a general substitute/alternative for sacral colpopexy until the follow up data is obtained