



The Holistic Aperture Method to Vaginal Sacral Colpopexy Surgery

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ABOUT THE STUDY

Vaginal vault prolapse is caused by damage to the vaginal apex's supporting components, the cardinal and uterosacral ligaments. Risk factor includes enterocele, damage to the endopelvic fascia and pelvic floor ligaments during delivery, and postmenopausal atrophy. Vaginal vault prolapse and enterocele are two types of female pelvic organ relaxation that are difficult to treat. Other pelvic organ abnormalities are frequently connected with these disorders. To ensure long-term success, proper diagnosis and care are required. In order to detect a lack of vaginal vault support, a physical examination should be performed in the lithotomy and standing positions (if necessary). The degree of movement of the vaginal cuff should be assessed with a valsalva manoeuvre after correct identification of the vaginal cuff. Vaginal vault prolapse is present if indeed the vaginal cuff descends significantly, and correction should be explored.

The abdominal sacral colpopexy is a great way to keep the vaginal vault in place. The vaginal cuff is suspended from the sacrum by fascia or synthetic mesh in this surgery. Abdominal enterocele repair and obliteration should always be performed in conjunction with this treatment. In addition, many patients require surgical procedures to correct symptomatic or latent stress urine incontinence (occurs postoperatively after prolapse correction). Mesh infection, mesh erosion, intestinal blockage, ileus, and bleeding from the presacral venous complex are all possible complications. Few problems occur when the treatment is performed with thorough skill, and excellent long-term reduction of vaginal vault prolapse and enterocele is obtained. Colpopexy surgery is performed when a physician employs an abdominal approach to connect the vault of the vagina to the sacrum.

The vagina, uterus, cervix, bladder, urethra (the tube through which urine passes), intestines, and rectum are all organs of the pelvis, which is the area of the body between the hip bones. A collection of muscles and other support tissue hold these organs

in place. When this support system is stretched, damaged, or torn, pelvic organs can move out of their normal positions or droop (prolapse). Sacral colpopexy is one of the safest and most successful therapies for pelvic organ prolapse with a high long-term success rate. The operation relieves problems including sexual and toilet issues by attaching the top of the prolapsed organ to ligaments in your pelvic. The vagina is suspended to the sacral promontory with a graft *via* an abdominal route in abdominal sacral colpopexy. It is the method of choice for women who require abdominal surgery for other reasons. Burch colposuspension and paravaginal defect correction, for example, It can be performed through the same laparotomy incision if needed. This treatment is also available as a laparoscopic procedure.

A variety of graft materials have been used for abdominal sacral colpopexy. As autologous materials, the rectus fascia, fascia lata, and duramater have all been used. Polypropylene mesh, polyester fibre mesh, polytetrafluoroethylene mesh, Dacron mesh, and Silastic silicone rubber are examples of synthetic materials. There have been few studies that assess the performance of different graft materials, and individual reports of long-term cure rates are generally positive. The usage of cadaver fascia has been linked to lower success rates. Because of their excellent success rates and low erosion rates, most surgeons chose polypropylene or polyester fibre mesh.

Abdominal sacral colpopexy is a great way to fix a prolapsed vaginal vault. The treatment is simple to carry out and has a low risk of complications. This technique should be considered not just for women who have failed in previous transvaginal suspension procedure, but also as a primary approach in young women with vaginal vault prolapse because of its durability and preservation of a functional vagina. Urologists are uniquely qualified to learn the skills required for a successful colpopexy and to include this treatment in their pelvic floor reconstruction arsenal.

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