

Transvaginal Cystocele and Rectocele Repair, Using a New Very Simple Suturing DE-ALWIS TECHNIQUE

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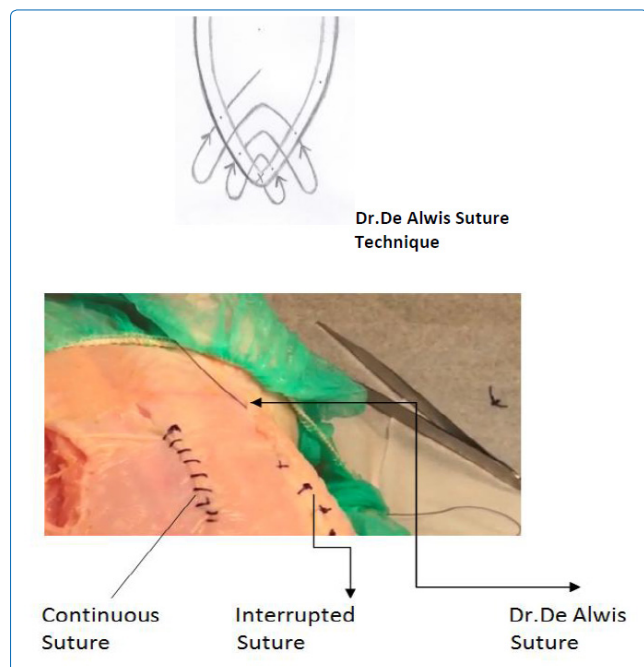
Abstract

The purpose of this exercise is to introduce a very simple new technique of epithelial closure, in this case the vaginal wall. The new technique (the de Alwis method) has been used by us for decades. Proplapse of the uterus or several pelvic organs has been a problem for centuries and a most embarrassing experience for many. Different surgical and nonsurgical measures have been performed over centuries. The de Alwis method of vaginal epithelial wall approximation is shown to be cosmetically most accepted in our unit and has had no adhesions nor granulation tissue formation.

Purpose: A different technique of vaginal repair with the de Alwis suturing technique of epithelium approximation, over a twenty-year period.

Method: This is a retrospective review of 41 patients who underwent vaginal repairs with the de Alwis method suturing technique, for over a decade. In many, the Baden-Walker halfway classification was used before and during follow-up. Four elderly frail patients, with vaginal vault prolapsed and who were not sexually active, opted for Le Forts' colpocleisis.

Transvaginal vaginal repair followed by vaginal epithelial closure using the de Alwis surgical technique, had no granulation tissue formation, and was cosmetically satisfying.



The suture knot is in the inner aspect and thereafter, the suture is inserted in the “outside in manner”. Once the suture is lifted, the suture is inverted and not visualized from the outside.

This is a very simple, safe, easy technique that can also be used to approximate the serosa of the uterus, following laparoscopic and laparotomy myomectomies, instead of the baseball technique. It may be considered for other epithelial tissue approximation as well, in some instances. Traditionally anterior colporrhaphy is treated with central plication of the fibromuscular layer of the vaginal wall [1]. Recurrent prolapse of the anterior vaginal wall has been reported in more than 30% [2].

Surgical Technique

The aim of our study was to determine the cosmetic effect after the procedure and the effectiveness of the transvaginal anterior colporrhaphy. The patients were placed in the dorsal lithotomy position; the vulva and vagina were cleansed with an anti-septic. The sterile towels were placed as usual, a gauge 18F catheter was introduced into the bladder and the bulb inflated with 3cc of normal saline. First, the anterior vaginal epithelium was injected with a vaso-constrictive agent, pitressin 20 units diluted in 200 ml of normal saline.

A midline incision of the vaginal epithelium from the anterior fornix to the bladder neck, about 1 cm from the urethral meatus. The vaginal epithelium was dissected from the underlying pubo-cervical fascia. Commencing from the bladder neck the de Alwis suture was placed using vicryl #2 on the floor of the bladder, with a continuous fashion ending at the anterior fornix. The floor of the bladder was automatically pushed up due to the de Alwis suture. Haemostasis was achieved meticulously using #2 vicryl sutures when necessary. Lateral sutures were placed over the de Alwis suture to approximate the vaginal mucosa and the excess vaginal epithelium was excised. Haemostasis was achieved again and the vaginal epithelium was approximated using the de Alwis technique.

During a posterior vaginal repair the same steps as followed, except levator ani support sutures are placed in the traditional manner using number 1 vicryl, before the epithelial approximation using the de Alwis technique.

A vaginal pack may or may not be necessary. The patient goes home the same day

Conclusion

Histological study of the vaginal wall has failed to demonstrate a separate fascial between the vagina and the bladder [3]. There is increasing industry pressure to adopt the mesh, but the FDA has warned about its use in the treatment of POP [4, 5].

De Alwis technique of transvaginal vaginal tissue approximation, is a simple technique, which can complement other procedures such as the use of darning method, the use of synthetic mesh and buttress sutures, as it is mainly used as a cosmetically appealing method, with no granulation tissue formation and no adhesions formation. Furthermore, it has not shown to improve or reduce the success rate of the vaginal repair itself.

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