

**SACROSPINOUS LIGAMENT FIXATION USING TISSUE ANCHORING SYSTEMS MAY REDUCE THE PROCEDURE LENGTH WITH SIMILAR OUTCOMES COMPARE WITH CLASSICAL TECHNIQUES**

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**Introduction:** Sacrospinous ligament fixation (SSLF) is an excellent vaginal approach to apical pelvic organ prolapse repair. However, the classic technique using deschamps suture passer may be challenging. For this reason different devices were developed in facilitate the technique. Among them our section used 2 different Tissue Anchoring Systems (TAS) made out of Polyetheretherketone (Anchorsure) or prolene (Splentis). The aim of this study is to report the results and effectiveness in the medium term of this technique

**Methods:** A retrospective review of all SSLF procedures in the urogynecology section at a tertiary care center from 2013-2016 was performed. Demographics, surgical and follow up variables were analyzed. Primary composite failure outcome was defined as POP beyond the hymen or bulge symptoms or retreatment during follow up. Results are presented as mean±standard deviation or number (percentage)

**Results:** 29 patients were included in the study. 6 (21%) underwent a SSLF with Deschamps or needle carrier and 23 (79%) with TAS (13 anchorsure, 10 splentis). The age was 66 ±9 years, parity 3.2±1.4, 24% had forceps deliveries, 89% had POPQ stage III/IV. 55% had a concomitant vaginal hysterectomy and 51% a concomitant midurethral sling, all patient received and anterior or posterior colporrhaphy. The procedure length was 94±30 min (TAS was significantly shorter than classic technique, 86 vs 120 min). Follow up was 4.8 Months. 4 patients complained of transient gluteal pain (2 in anchorsure, 1 deschamps, 1 splentis). No other severe outcomes were reported. 3 patients (10%) met the primary outcome for failure, one in each technique. The overall POPQ measurements had statistical significant improvement at follow up with no change in the vaginal length.

**Conclusions:**

SSLF seems to be a safe and efficient technique. TAS may achieved similar clinical outcomes than the classical technique whlie shortening the procedural time.