

# **A new surgical technique for repairing cystocele in hysterectomized women.**

Authors: Rosing U, Fianu S, Larsson B

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## **Abstract:**

No satisfactorily efficient surgical procedure for correction of cystocele subsequent to hysterectomy has so far been described. Anterior colporrhaphy generally is associated with risk of relapse, since no fibrous tissues or ligaments are available for sufficient fixation to the anterior pelvic wall. In the present study, a new surgical procedure was used, simultaneously performed transabdominally and vaginally by two surgeons. The elevated bladder was fixed without sutures to the posterior retropubic periosteum and to the lower abdominal wall by a two-component fibrin sealant (Tisseel, Immuno AB, Stockholm, Sweden) after invagination of the cystocele. Postoperatively, the vagina was tamponed for 12 hours, and a Foley catheter was used for 4-5 days. Antibiotics were administered for 7 days. This technique has been evaluated in nine patients. The procedure was found easy to perform and well tolerated by the patients. During the observation time 0.5-4 years, no relapse has been registered. This surgical procedure also proved to prevent postoperative stress incontinence, previously concealed by the cystocele.