# Anterior Colporrhaphy and Midurethral Sling

PREOPERATIVE DIAGNOSIS: 1. Cystocele. 2. Genuine stress urinary incontinence.
POSTOPERATIVE DIAGNOSIS: 1. Cystocele. 2. Genuine stress urinary incontinence.
PROCEDURE: Anterior colporrhaphy, Mid urethral sling, Cystoscopy.
SURGEON:
ASSISTANT:
ANESTHESIA:
INTRAVENOUS FLUIDS:
ESTIMATED BLOOD LOSS:
URINE OUTPUT:
COMPLICATIONS:
SPECIMENS: None
DISPOSITION: Stable to recovery room
INDICATIONS:
FINDINGS: Exam under anesthesia revealed an anterior prolapse with good support in the posterior vaginal compartment. The anus and perineum were grossly normal. Intraoperative cystoscopy after placement of the mid urethral sling trocars reveals an in-and-out cystotomy to the right bladder dome. Repeat cystoscopy revealed no evidence of injury.

DESCRIPTION OF PROCEDURE:
The patient was taken to the OR where anesthesia was administered. She was prepped and draped in the normal sterile fashion in the dorsal supine position with Allen stirrups. A foley catheter was placed. Allis clamps were used to grasp the anterior vaginal epithelium from the bladder neck to the cuff. A total of 10cc of 0.25% Marcaine with epinephrine was injected locally. A midline incision was made along the length of the anterior vaginal epithelium and the epithelium was then dissected sharply away from the underlying connective tissue. Interrupted 2-0 Maxon suture was used for the anterior colporrhaphy. The excess epithelium was trimmed and the incision was closed with running locked 3-0 Vicryl sutures.

The anterior vaginal epithelium over the mid urethra was grasped with the Allis clamps. 10cc of 0.25% Marcaine with epinephrine was locally injected. A 1.5cm mid urethral incision was made in the anterior vaginal epithelium with a #15-blade scalpel. The periurethral connective tissue was dissected on each side of the urethra through the mid urethral incision with the Metzenbaum scissors. A stab incision was made on the mons pubis just above the symphysis pubis one fingerbreadth lateral on each side. A mid urethral sling trocar was passed to the right of the urethra up to the space of Retzius and out the stab incision on the right side. The trocar was advanced completely through the space of Retzius to position the blue tubing within the space of Retzius. This procedure was repeated in an identical fashion on the left. The Foley catheter was removed and a 70-degree cystoscope was placed in the bladder with the above noted findings. Due to presence of a cystotomy on the right, the blue tubing on the right was removed under direct visualization. The cystoscope was removed and the Foley catheter was replaced. The trocar was passed on the patient's right side. Cystoscopy was repeated with no evidence of lower urinary tract injury noted. Again the cystoscope was removed and the Foley catheter was replaced. The polypropylene sling material was then advanced to the space of Retzius to position the sling at the mid urethra. The plastic sheath was removed. Tension was adjusted to ensure a tension-free placement. The sling material was trimmed at the skin on the mons pubis. The stab incisions were closed with Indermil. The mid urethral incision was closed with running locked 3-0 Vicryl suture.

The patient tolerated the procedure well. Sponge, lap and needle counts were correct x2. The patient was taken to the recovery room in stable condition.

Dr. ____was present and scrubbed for the entire case.