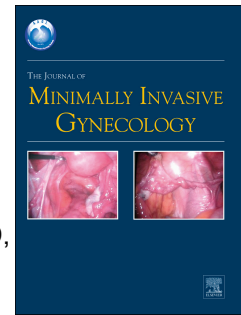


# Accepted Manuscript

What to do with recurrent prolapse after vaginal mesh failure?

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**What to do with recurrent prolapse after vaginal mesh failure?**

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Key words: Mesh dissection, sacrocolpopexy, laparoscopy.

**Precis:** The video shows two cases of difficult laparoscopic mesh dissection, made in the context of treatment of recurrent pelvic organ prolapse, after a vaginal mesh surgery, using laparoscopic sacrocolpopexy.

**Abstract:****Objectives**

To show that in selected cases, laparoscopic sacrocolpopexy can be used for the treatment of recurrent pelvic organ prolapse after vaginal mesh surgery.

**Methods**

Step-by-step examination of the technique using an educative video.

**Results**

The authors describe two clinical cases of treatment of recurrent pelvic organ prolapse, after a vaginal mesh surgery, using laparoscopic sacrocolpopexy.

A 56-year old patient (para 3, gravida 2) presented with the sensation of bulging in the vagina. On physical examination, the patient had a grade 2-3 vaginal apical prolapse and a stage 4 rectocele. She had a slight mesh contraction but no vaginal extrusion and no pain were reported. Eleven years before, she had a vaginal total hysterectomy for pelvic organ prolapse correction and one year before she had a vaginal prolapse repair using a synthetic mesh. A laparoscopic sacrocolpopexy with bilateral ooforectomy was performed.

The second case is of a 54-year old patient (para 2, gravida 2) that presented stress urinary incontinence. On physical examination, the patient had a grade 3 uterine prolapse and grade 2 cystocele. Eleven years before she had a vaginal prolapse repair using a synthetic mesh and a miduretral sling for stress urinary incontinence. Two years before, she had the miduretral sling removed for recurrent urinary infections and dysuria. A laparoscopic sub-total hysterectomy with salpingectomy and ovarian conservation, sacrocolpopexy and a Burch colposuspension was performed.

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