TRACING THE FOOTPRINTS OF RECURRENCE

Surgical efficiency and compartmental analysis of laparoscopic pectopexy versus sacrohysteropexy

Pectopexy is faster than sacrohysteropexy – and fails the same way.

After either uterus-preserving suspension, recurrence is anterior-predominant and retraces the compartment that was worst before surgery.

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WHY THIS STUDY

Pectopexy and sacrohysteropexy are the two main uterus-preserving apical suspensions, yet head-to-head data are scarce – and no study has asked whether the direction of mesh fixation changes **where** prolapse recurs.

METHODS

- Retrospective cohort, National Taiwan University Hospital, 2019–2025
- **85** laparoscopic pectopexy vs **85** laparoscopic sacrohysteropexy; uterus or cervix preserved in every case
- POP-Q at baseline and 1, 3, 6, 12 months; PFDI-20 and PGI-I; groups similar at baseline (stage IV 18% vs 7%)
- Objective failure = any compartment ≥ POP-Q stage II; the most protruding point defines the failing compartment

PERIOPERATIVE OUTCOMES

pectopexy vs sacrohysteropexy

153 vs 182 min
Operation time
p < 0.001 · adjusted −24 min (95% CI −35 to −14)

60 vs 82 mL
Estimated blood loss
p = 0.014 · adjusted −20 mL

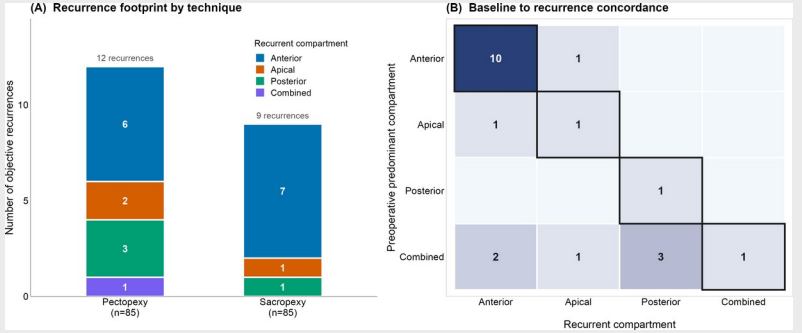
3.5 vs 4.0 d
Hospital stay
p = 0.08 · pain scores equal

4.7% vs 1.2%
Urinary retention
bladder perforation 1 vs 0 · UTI 1 vs 1

SAFETY – WHAT DIFFERED

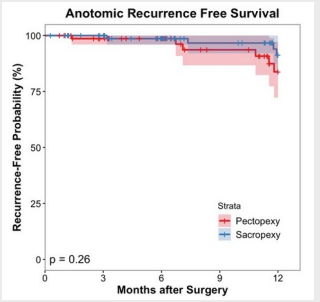
- **Sacrohysteropexy:** 1 discitis, 1 presacral vessel injury, 1 ileus, 2 low-back pain – the rare but serious risks of promontory dissection.
- **Pectopexy:** no discitis or vessel injury; more urinary events (7% vs 2.4%), consistent with the wider lateral dissection.
- **Both:** no bowel injury, no obturator neuralgia or neurovascular injury.

WHERE DOES PROLAPSE RECUR? THE FOOTPRINT



A Recurrent compartment, 21 objective recurrences. B Pre-op predominant compartment (rows) vs recurrent compartment (columns); diagonal = same site.

- **Same footprint after both techniques.** Anterior compartment = 13/21 recurrences (62%); posterior 4, apical 3.
- **Apical failure is rare** (3/170, 1.8%) despite keeping the cervix or uterus as the mesh anchor in every woman.
- **Recurrence retraces the pre-operative defect.** 10 of 11 anterior-predominant patients recurred anteriorly (91%; Fisher p = 0.008; OR 23.3); overall concordance 62%, κ = 0.60.



12-MONTH OUTCOMES

Objective success 83.8% vs 91.3% (log-rank p = 0.26)

Recurrence 12/85 vs 9/85 (p = 0.64)

Reoperation 4/85 vs 1/85 (p = 0.37), mostly stage IV / multicompartment

POP-Q, PFDI-20, PGI-I improved equally in both groups

TAKE HOME

Pectopexy is a safe uterus-preserving alternative to sacrohysteropexy: ~25 min faster, less blood loss, same 12-month anatomy and quality of life.

Durability hinges on anterior support and secure cervical anchoring – reinforce the anterior-predominant patient.