ECRONICON OPEN ACCESS

EC GYNAECOLOGY
Opinion

Mcall's Culdoplatia in Current Gynecological Surgery

Jaider Gomez Diaz*

Specialist in Gynecology and Obstetrics, Sor Juana Inés de la Cruz Hospital, Mérida, Venezuela

***Corresponding Author:** Jaider Gomez Diaz, Specialist in Gynecology and Obstetrics, Sor Juana Inés de la Cruz Hospital, Mérida, Venezuela.

Received: November 16, 2021; **Published:** November 22, 2021

This is a procedure dating from the late 50s of the 20th century, as a surgical technique, aimed at the prevention of enterocele, mainly in gynecological surgery. However, it has also been used in abdominal surgeries for post hysterectomy vaginal vault support.

The risks of prolapse or providence of the vaginal vault, influence many factors, which have to do with the physical conditions and biology of the patients' tissues, the hormonal inflow, predisposing underlying diseases (diabetes, obesity, sarcopenia, etc.) that can impact in the tonicity and healing of the tissues, the surgeon's surgical technique, suture materials and postoperative care [1]. Therefore, unresolved complications can lead to varying degrees of pelvic floor dysfunction, which can translate into signs and symptoms, which affect the quality of life of the post-hysterectomy patient.

This technique, curiously, has given excellent results in the prevention of dome providence, however many gynecologists do not do it routinely, so discussing this technique is interesting given the advances in the pathophysiology of pelvic floor dysfunction.

Traditionally, Mcall's Culdoplasty refers to the plication of the uterosacral ligaments and their central fixation on the posterior wall of the vaginal vault, with approach of the cardinal ligaments using the Richardson technique, which can reduce the transverse width of the vaginal vault. Some surgeons may also use the Richter technique, with fixation of the vaginal vault to one or both of the sacrospinous ligaments, BUT it is more laborious and requires specific instruments [1,2]. Even some surgeons still attach the round ligaments to the vaginal vault with the idea that they also improve vaginal support [3].

If we evaluate the biomechanics of the pelvic floor, once the uterus has been completely removed, a depression is generated, central to the urogenital floor, with the risk of central providence of the vaginal dome, so applying the MCall technique reduces intestinal pressure, once the vaginal wall is horizontal with standing, improving urogenital tension [1].

In my personal experience, tobacco-shaped colporrhaphy of the vaginal vault, along with about 3 to 4 sutures to separate stitches, substantially reduces the upper vaginal hiatus, it can also contribute to improve pelvic support with the Mcall technique and reduce the statistical risk of providence. This gives the patient a better feeling that her vagina is less lax in its proximal third and greater sexual security. We know that the uterosacral ligaments are very fibroelastic, thin and can lose tensile strength, due to the aging of the tissues and due to the intra-abdominal and pelvic pressure itself. This has generated the possibility of complementary reinforcements and, for some, the gold standard post hysterectomy, of colposacra fixation with meshes of various autologous and synthetic materials [4]. However, this would be subject to other factors such as the patient's age, her postmenopausal condition, and a history of genital prolapse recurrence. Likewise, vesico-urethral colposuspension with sling and complementary Burch technique can further favor better pelvic support, especially if there is colpocystocele and urinary incontinence.

Finally, the Mcall technique should not be forgotten, so gynecological surgeons should perform it routinely in their hysterectomies, regardless of the laparoscopic, abdominal and vaginal approach, in order to improve urogenital support, not only anatomical, but also cosmetic [5].

Bibliography

1. Greta Lisa Carlin., *et al*. "The effectiveness of surgical procedures to prevent post-hysterectomy pelvic organ prolapse: a systematic review of the literature". *International Urogynecology Journal* 32.4 (2021): 775-783.

2. Varuna Raizada and Ravinder K Mittal. "Pelvic floor anatomy and applied physiology". *Gastroenterology Clinics of North America* 37.3 (2008): 493-509, vii.

3. Farith Atías. "Prevención del prolapso genital en histerectomía abdominal utilizando los ligamentos redondos. Experiencia personal". *Revista de Obstetricia y Ginecología de Venezuela* 70.2 (2010).

4. Melissa L Dawson., *et al*. "A novel approach to mesh revision after sacrocolpopexy". *Reviews in Urology* 18.3 (2016): 174-177.

5. Astrid Zawodnik., *et al*. "Does Surgical Approach in Pelvic Floor Repair Impact Sexual Function in Women?" *Sexual Medicine* 7.4 (2019): 522-529.

Volume 10 Issue 12 December 2021