

The Royal College of Obstetricians and Gynecologists (RCOG), UK,

invited Prof. Dr. Adam Ostrzenski to serve in the capacity of Consultant for the second edition of guideline of “Management of Post Hysterectomy Vaginal Vault Prolapse”.

RCOG, London, July 2014.

Professor Adam Ostrzenski's have conducted clinical-scientific research in the field of female reconstructive pelvic surgery. This clinical study guided him to develop new, natural, preventive and restorative surgical interventions for vaginal prolapse (without using surgical meshes or permanent suturing material, or vaginal types). Currently, plication of the posterior cul-de-sac with uterosacral-cardinal ligament approximations in the midline is used for preventive or therapeutic vaginal vault prolapse. These surgical interventions cause unnatural obliteration of the posterior cul-de-sac and unnatural de-novo creation of the sturdy structure resulted from approximation of the uterosacral ligaments in the midline. The deep layers of the uterosacral ligaments were not used in the obliterated posterior cul-de-sac. The superficial peritoneal layers of the uterosacral ligaments were incorporated into this obliterated operation. These approaches can cause symptoms such as pain during sexual intercourse particularly on deep penetration (deep dyspareunia) or pain during defecation (dyschezia).

Professor Ostrzenski developed a new preventive surgical intervention for post-hysterectomy vaginal vault prolapse. The concept of this new surgical intervention was based upon the natural gross and functional anatomical restoration. The *deep* uterosacral-cardinal ligaments were used for lateral vaginal vault suspension and natural partial restoration of the posterior cul-de-sac. In Ostrzenski's surgical intervention, the deep

uterosacral ligaments are anchored to the posterior vaginal vault; the cardinal ligaments are attached to the lateral vaginal vault; and anterior vaginal adventitial tissues are affixed to the rectovaginal fascia. This surgical mode provides natural suspension for all four proximal vaginal walls; does not narrow the proximal vagina and posterior cul-de-sac as well as elongates the vagina. Those women who were subjected to Professor Ostrzenski's new surgical preventive post-hysterectomy interventions reported no post-surgical symptoms of deep dyspareunia or dyschezia, or post-hysterectomy vaginal vault prolapse.

Also, Professor Ostrzenski developed new surgical techniques for total pelvic organ prolapse reconstruction in 4 different anatomical levels without using surgical meshes or vaginal types. Additionally, Professor Ostrzenski modified posterior perineoplasty surgical technique by developing new surgical reconstruction of the dorsal perineal membrane and the urethrovaginal sphincter muscle restoration. The Royal College of Obstetricians and Gynecologists has noticed these clinical research's favorable results for prevention of post-hysterectomy vaginal vault prolapse or for the treatment of total vaginal prolapse.