INTRODUCTION
Urinary incontinence is a common condition that affects 30% of the female population deteriorating quality of life. The "integral theory" explains pelvic floor dysfunction through ligaments injury and laxity of the vaginal wall (1-2).

The surgical method that augurs a promising future in the treatment of mixed or urge urinary incontinence (MUI) and prolapse of pelvic organs (POP) is a modified procedure sacrocolpopexy, in which the uterosacral ligaments (USL) are replaced bilaterally or are reinforced by the implant of polyvinylidene fluoride (PVDF). Mobility of the reconstructed uterosacral ligaments is guaranteed. Concomitant urging urinary incontinence can be successfully treated using this procedure. Depending on the nature of the operation to be performed and the patient’s anatomical defect, different versions of implants are available: uniting the cervix to the sacrum (CESA) or vaginal vault to the sacrum (VASA), the rectopexy (CERESA-VASA) is optional according to the patient’s pathology, however the original technique is for laparotomy way (3).

Laparoscopic surgery being one of the great advances in surgery in the twentieth century providing minimal incisions, shorter recovery period, less painful and less scarring is necessary to help expand laparoscopic surgery to treat pelvic floor problems.

CONCLUSIONS
Modern and safe alternative standardized of sacrocolpopexy and reproducible laparoscopically.

Excellent objective cure rate POP + IU and few complications. More studies are needed.

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