

## RECTOCELE RECONSTRUCTION SURGERY: FUNCTIONAL EVALUATION OF VAGINAL MESH REPAIR AND LAPAROSCOPIC RECTOPEXY

### Hypothesis / aims of study

Pelvic organ prolapse (POP) became a frequent indication in gynaecological surgery practice. Rectocele is not the most frequent POP. Obstructive defecation (OD) is one of the specific symptoms associated. The main objective was to evaluate vaginal prosthetic repair and laparoscopic rectopexy functional outcomes.

### Study design, materials and methods

Retrospectively, we analyzed our database at the University hospital. Patients included had an isolated rectocele or predominant and a OD (n=58). OD evaluation was done with a validated questionnaire, ODS (obstructed defaecation syndrome). Laparoscopic rectopexy (n=29) consist on a mesh placed between low rectum and vagina. Vaginal treatment (n=29) consists on a mesh placement between rectum and vagina, with no fixation to the rectum but pre rectal plicature with absorbable sutures. All patients were evaluated pre operatively with defecography, recto-manometry and clinical examination with POP-Q.

### Results

Rectopexy group had an average rectocele size estimated to 3.65 cm (+/- .7) on defecography and symptomatic with mean ODS score at 17 (+/- 2) /24, medium age was 58 years. Medium age of the vaginal group was 65 years and less symptomatic with mean ODS score 12 (+/- 1.7) (p<.05), but an average rectocele size evaluated to 5.45 cm (+/- .9) (p<.05). No statistical differences were found between the two groups for recto-manometric analysis (asynchronism), existence of an intra rectal prolapse or elythrocele on defecography.

ODS Score analyses between operative and pre operative period	post Vaginal Group	Rectopexy Group	All Groups
Became worst	n=0	n=1 (2%)	n=1 (2%)
No improvement (0 to 10%)	n=2 (4%)	n=1 (2%)	n=3 (6%)
Low improvement (10 to 25%)	n=0	n=5 (11%)	n=5 (11%)
Moderate improvement (25 to 50%)	n=3 (6%)	n=13(27%)	n=16 (34%)
High improvement (>50%)	n=17 (36%)	n=5 (11%)	n=22 (46%)

### Interpretation of results

Both techniques have good outcomes, with 25% decrease on ODS score for 80% of the patients.

A multivariate statistical analysis has been noticed no predictive factor of success, for both group. For both techniques, mortality did not exist, and morbidity was low at 7% with urinary low tract infection, 2 laparoconversion for laparoscopic group and one haematoma and on mesh infection in the vaginal group. *De novo* dyspareunia was established at 20% vs 22% in the vaginal and the abdominal group respectively, with no statistical difference (p>.05)

### Concluding message

This original study evaluates two current procedures to treat rectocele and OD. This study has a poor level of evidence as the few studies in the literature on this subject. Prospectives studies are needed to determine the best treatment on rectocele with functional symptoms.

<b>Specify source of funding or grant</b>	<b>No conflict of interest No Grant</b>
<b>Is this a clinical trial?</b>	<b>Yes</b>
<b>Is this study registered in a public clinical trials registry?</b>	<b>No</b>
<b>Is this a Randomised Controlled Trial (RCT)?</b>	<b>No</b>
<b>What were the subjects in the study?</b>	<b>HUMAN</b>
<b>Was this study approved by an ethics committee?</b>	<b>No</b>
<b>This study did not require ethics committee approval because</b>	<b>retrospective study</b>
<b>Was the Declaration of Helsinki followed?</b>	<b>Yes</b>
<b>Was informed consent obtained from the patients?</b>	<b>Yes</b>