

## POSTERIOR COLPORRHAPHY WITH ALLODERM GRAFT AUGMENTATION: ANATOMICAL AND FUNCTIONAL OUTCOMES

### Objective

Various techniques are used in the repair of symptomatic rectocele. The objective of the study is to prospectively assess the safety and efficacy of posterior colporrhaphy with AlloDerm graft augmentation. We specifically investigated the recurrence of prolapse, bowel function, and sexual function post-operatively.

### Methods

Posterior colporrhaphy with AlloDerm graft augmentation was performed on 188 women between July 2001 and September 2003. Mean age 58 years (range 27-84 yrs) and mean BMI was 30 (range 20-53). Mean vaginal deliveries 3 (range 0-8). There were 28% (n=52) premenopausal and 72% (n=136) postmenopausal women. Past surgical history revealed hysterectomy 58% (n=110), posterior repair 13% (25), sacrocolpopexy 4% (n=7) and sacrospinous vaginal vault suspension 25 (n=4). Initial evaluation included history and physical examination. Women were assessed for prolapse, bowel and sexual function. Follow up consisting of interview, pelvic examination and/or telephone interview was performed at 3, 12, 24 and 24+ months.

### Results

All women had stage II-IV symptomatic rectocele (stage II=28, stage III = 117 and stage IV = 43). The mean follow up was 18 months (range 3-32 months). Concomitant surgeries performed included anterior colporrhaphy 24% (n=45), anterior colporrhaphy with AlloDerm graft 6% (n=12), sacrospinous vaginal vault suspension 59% (111), sacrocolpopexy 22% (42), subtotal abdominal hysterectomy 6% (n=11), total abdominal hysterectomy 2% (4), surgery for stress urinary incontinence 59% (111) and vaginal hysterectomy 10% (19). Perioperatively there were no major complications. There was one instance of partial graft rejection (1x2 cm); treatment was excision of a portion of the graft and topical estrogen. One abscess of 2 cm in size in posterior vaginal wall was drained and treated with oral antibiotics.

The outcome results are shown in the table:

	Preoperatively	Postoperatively	Postoperatively Occasional Symptoms
Prolapse % (n)	100 (188)	5 (10)	
Constipation % (n)	40 (75)	10 (18)	4 (8)
Incomplete Evacuation % (n)	23 (43)	9 (17)	6 (12)
Fecal Incontinence % (n)	15 (29)	7 (14)	6 (11)
Dyspareunia % (n)	9 (16)	4 (8)	6 (11)
Rectal Pain % (n)		4 (7)	5 (9)

### Conclusions

Posterior colporrhaphy with AlloDerm graft augmentation shows good safety and efficacy. Recurrence of prolapse is minimal. Bowel dysfunction including constipation, incomplete evacuation and fecal incontinence improved. Dyspareunia also improved and de novo rectal pain was minimal.