

ENDO-ANAL OR TRANSPERINEAL RECTOCELE REPAIR? A SINGLE CENTRE EXPERIENCE.

Hypothesis / aims of study

This study reviewed the surgical results of rectocele repair performed by a single surgeon in the setting of a district general hospital in the south-east of England. The aim was to assess two surgical repair techniques to determine whether one or other demonstrated superior symptom-related outcomes.

Study design, materials and methods

All patients who underwent transperineal (TPR) or endo-anal repair (EAR) of rectocele over a six-year period were identified and records reviewed to establish demographics, presenting symptoms, investigations performed, surgical repair chosen and clinical outcomes. They were personally contacted by telephone to obtain a qualitative assessment of pre-operative and present-day symptomatology using the Altomare obstructive defaecation syndrome (ODS) score questionnaire (1), as well as an assessment of how they rated the success of their treatment.

Results

24 female patients (age range 41-72 years) were identified; 5 (21%) were excluded because they had been lost to follow-up. Mean follow-up was 33 months (range 6-62 months). 11 patients (58%) underwent EAR while 8 patients (42%) underwent TPR using a VIPRO-2[®] mesh.

The most common presenting symptoms were constipation (95%), obstructive defaecation (84%), digitation (79%) and rectal bleeding (32%). 42% gave a prior history of having sustained an obstetric injury.

Post-operatively there was no significant difference demonstrated between the two groups by way of symptom assessment on ODS scoring. TPR patients were more likely to experience post-operative complications (pain, wound breakdown, $p=0.04$) and undergo further surgery (redo surgery, excision of stitch sinus, excision of skin tags, $p=0.03$) than EAR patients. Over time, 43% patients had experienced a degree of recurrence of symptoms, though satisfaction ratings had remained high: patients reported a 68% average symptom improvement rating (range 40% – 95%, no statistical difference between groups).

Interpretation of results

EAR or TPR of rectoceles both have a role in the management of this condition with no statistically significant difference in symptom-related outcome in long-term follow-up. We found that the post-operative experience was subjectively better in the EAR group: this reflects the fact that it is a less invasive procedure, which may also be performed using local anaesthesia techniques.

Concluding message

EAR or TPR of rectoceles both have a role in the management of patients. When possible, it is preferable that EAR is the chosen technique as it is associated with a superior post-operative complication profile.

References

- (1) [Colorectal Dis.](#) 2008 Jan;10(1):84-8.

<i>Specify source of funding or grant</i>	None
<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	It was a retrospective review of surgical management and outcome
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes