SACROCOLPOPEXY WITH RECTOPEXY FOR PELVIC FLOOR PROLAPSE IMPROVES BOWEL FUNCTION AND QUALITY OF LIVE

Hypothesis / aims of study

The aim of this study is to assess the efficacy, clinical results and complications of laparoscopic sacrocolpopexy (LSC) with rectopexy for combined rectal and vaginal prolapse. Limited outcome data have been reported.

Study design, materials and methods

The purpose of this study was to evaluate the indications and outcomesof sacrocolpopexy and rectopexy by comparing pre and post-operative function and quality of live. A retroscpective reviewof prospectively collection data was performed of all patients undergoing sacrocolpopexy and rectopexy from 2009 to 2013. All the patients underwent clinical examination, four validated questionnary (PFDI, PFIQ, Vexner score, PISQ 12) assessing prolapse symptoms, Bowell symptoms, sexuality.

Results

A total of 32 women (medina age, 55 years, range 22-84) underwent a sacrocolpopexy and a rectopexy without any hystererctomy. All the patients had intusssception (n=31) or rectal proplapse (n=1) and genital prolapse (n=32). Previous surgery included hysterectomy (n = 4). The mean operating time was 104 +/_ 39 minutes. Convcersion was nerver needed. Mean Hospital stay was 3+/_ 2.5 days. Complications included wound infection (n=1). No mortality was recorded and only one complication occurred (3.3%), one trocart ombilcal infection. After a mean follow up of 26.7 months, significant reduction in the mean Vexner score was recorded, anal incontinence was improved and completey resolved in 23 cases (73.8%), Only one case of recurrence in a patient with recto-anal intussusception was recorded (3.1%) after 13 months.

Interpretation of results

This was a retrospective trial

Concluding message

Sacrocolpopexy and rectopexy for combined anterior, middle and posterior compartmentprolapse is a safe prokcedure, with a low risk of recurrence and improves bowel function and quality of life

References

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Disclosures

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