

80% OF THE PATIENTS WITH RECTAL INTUSSUSCEPTION WERE IMPROVED FECAL INCONTINENCE AFTER LAPAROSCOPIC VENTRAL RECTOPEXY

Hypothesis / aims of study

The role of rectal intussusception in the origin of fecal incontinence (FI) remains to be defined. In our institution, laparoscopic ventral rectopexy (LVR) is offered to patients with recto-anal intussusception (RAI) and FI. The aim of the study was to evaluate the functional outcome after laparoscopic ventral rectopexy (LVR) in patients with FI associated with RAI.

Study design, materials and methods

This study was a retrospective analysis of prospectively collected data. Thirty patients with FI associated with RAI, who were not responding to medical treatment, underwent LVR between Feb. 2012 and Feb. 2015. FI was evaluated by using Fecal Incontinence Severity Index (FISI) score. Evacuation proctography was performed before and 6 months after the procedure.

Results

Postoperatively, RAI was eliminated in all patients except one, though 11 developed recto rectal intussusception. Median FISI score preoperatively was 30 (15-49). The score 3,6,12 months after operation was 15 (0-40), 10 (0-35), and 8 (0-33), respectively and was significantly reduced after operation. 6,12 months after surgery, a reduction of at least 50% was observed in FISI score for 22 (73%) and 25 (83%) incontinent patients, respectively.

Interpretation of results

Anatomical correction in patients with RAI who underwent LVR may lead to an improvement in FI.

Concluding message

LVR may be effective in patients with FI associated with RAI.

Findings of evacuation proctography

	Preop	6 months
Recto-anal intussusception	30	1
Recto-rectal intussusception	0	11
Size of rectocele (mm) (n=13)	29 (14-47)	10 (0-27)*
Pelvic floor descent (mm)	27 (18-51)	24 (-3-57.2)*

* $P=0.001$

Values are presented as n or median (range).

Disclosures

Funding: no **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** Ethical Committee of Kameda Medical Center **Helsinki:** Yes **Informed Consent:** Yes