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

<table>
<thead>
<tr>
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<th>Preop</th>
<th>6 months</th>
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<tbody>
<tr>
<td>Recto-anal intussusception</td>
<td>30</td>
<td>1</td>
</tr>
<tr>
<td>Recto-rectal intussusception</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>Size of rectocele (mm) (n=13)</td>
<td>29 (14-47)</td>
<td>10 (0-27)*</td>
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<tr>
<td>Pelvic floor descent (mm)</td>
<td>27 (18-51)</td>
<td>24 (-3-57.2)*</td>
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*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