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FASCIAL DEFECT REPAIR FOR SYMPTOMATIC RECTOCELE: ANATOMICAL AND FUNCTIONAL OUTCOME.

Aims of Study

The repair of the posterior vaginal wall prolapse can be approached using different techniques. The most common one includes levator ani or fascial plication with an anatomical success rate reported in a range between 76% and 96%. In the late Eighties Richardson proposed a fascial oriented philosophy in the treatment of vaginal prolapse, suggesting that each single endopelvic fascial defect should be recognised and repaired to restore anatomy. Since then many authors adopted this approach even when repairing posterior vaginal descent, with a reported efficacy between 77% and 82%. However very few data are available in literature regarding a systematic reconstruction of the recto-vaginal septum in its lateral, median, high and low transverse aspects both for anatomical and functional results. The aim of this study was to assess morbidity, anatomical, bowel and sexual function of a new technique called “recto-vaginal septum reconstruction”.

Methods

Women with a symptomatic posterior vaginal wall prolapse were included. All women were assessed for bowel symptoms and sexual function with a specific questionnaire. Constipation was also evaluated using the Wexener score. A physical examination was performed by trained doctors noting the presence of specific fascial defects. The recto-vaginal septum reconstruction was performed in all cases by the same experienced surgeon. The surgical technique involved a T inverted incision of the posterior vaginal wall with its dissection bilaterally. Specific fascial defects were examined and the ileococcigeal muscle identified. Three to four reabsorbable sutures were placed by each side of this muscle, starting 1cm below the ischial spine down to the perineal body. The same stitches were passed through the lateral edge of the detached septum bilaterally, restoring its lateral attachments. When a longitudinal fascial defect was revealed, a median septum plication was performed. The septum was also secured superiorly and, when needed inferiorly to the perineal body. Patients were then reassessed after 1, 6, 12 months and then yearly using the same criteria adopted preoperatively. We considered anatomical failure the presence of a posterior vaginal wall descent = II stage according to ICS POP-Q system or a I stage if symptomatic.

Results

Nineteen women with a mean age of 64.4 years (range 47-79 yrs) were evaluated. Their mean BMI was 26.9. The mean follow-up was 30.7 months (range 436 months). The time day of dscharge from the hospital was 5.7 days. The overall anatomical efficacy was 95%. Figure I shows the preoperative and postoperative data regarding the posterior vaginal wall of the included patients according to ICS POP-Q system.

Figure I. Pre and postoperative posterior vaginal wall assessment according to ICS POP-Q system.

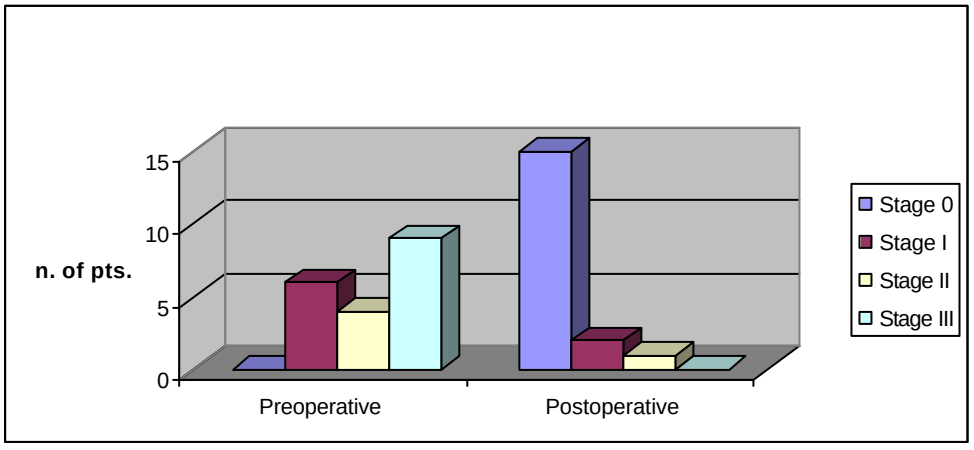

Table I shows the pre and postoperative symptoms related to bowel and sexual function.

Table I - pre and postoperative symptoms related to bowel and sexual function.

Symptoms	**Preoperatively**	**Postoperatively**
Constipation %	61	33
Wexener Score	11.5	8.6
Anal Incontinence %	14	0
Sexually active %	78	61
Dyspareunia %	7	27

Conclusions

In this study we showed that recto-vaginal septum reconstruction gives very good results in the anatomical repair of posterior vaginal wall descent. Bowel function seems to consistently improve both for constipation (in terms of prevalence and severity) and for anal incontinence. As for many other posterior repair techniques, dyspareunia seems to be the price to pay, being however the worsening in sexual function still acceptable. In conclusion, we believe that it would be worthy to assess this technique in a longer term considering also the quality of life results on a long term using specific questionnaires. This could help in giving a better understanding of our actual results.