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COMBINED ABDOMINAL SURGICAL PROCEDURE FOR VAGINAL APICAL AND RECTAL PROLAPSE: EXPERIENCE IN A TERTIARY UNIT OVER 6 YEARS

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Introduction:

Pelvic organ prolapse is a common issue with at least 38% of patients with rectal prolapse having concomitant vaginal/uterine prolapse.¹ There is inclination that abdominal POP surgery and rectopexy should be combined due to the similar dissection required and the lack of evidence for poorer outcomes².

Methods:

Patients were identified from department audit database and Trakcare® electronic notes were reviewed retrospectively. The primary outcome was patient reported improvement on a 4-point scale; 'cured, improved, no change, worse'. Treatment success was defined as 'cured' or 'improved'. Secondary outcomes included complications and further surgery.

Results:

27 patients were identified. Electronic notes were obtained for 25 patients with median follow up of 37 months. The mean age of patients was 53 with median parity of 2 and mean body mass index of 26. 22 patients had full thickness rectal prolapse and all patients had at least grade 2 vault/apical descent with 4 having procidentia. There were 20 open and 5 laparoscopic procedures. Type 1 polypropylene predesign Y mesh was used in all cases.

Table 1 – Success at 3 month follow up

Symptoms(improved/cured)

Success (%)(n:21)

Urinary 17 (81%)

Prolapse 21 (100%)

Bowel 12 (57%)

Follow up: 3 months and <1 year (table 1) - 21 patients attended for face to face follow up at 3 months. All patients reported cure of prolapse symptoms. Success was maintained at 1 year (100%) >3 years – 9/12 patients ongoing follow up. No recurrences of POP. 8 patients continued to attend for bowel dysfunction.

Complications: Intraoperative: None Postoperative: 1 readmission due to wound infection. There were no mesh related complications reported.

Conclusion:

Combined sacrocolpopexy and rectopexy both open and laparoscopic is a safe operation with very few complications. However, over half the patients had improvement in their bowel function despite curing rectal prolapse which should be discussed preoperatively.

Reference

1. Geltzeiler CB, Birnbaum EH, Silviera ML, Mutch MG, Vetter J, Wise PE, Hunt SR, Glasgow SC. Combined rectopexy and sacrocolpopexy is safe for correction of pelvic organ prolapse. *International journal of colorectal disease*. 2018 Oct 1;33(10):1453-9.