

RECTAL PROLAPSE: DOES SURGERY ALTER QUALITY OF LIFE IN OCTOGENARIANS?

Hypothesis / aims of study

The objective of this study is to evaluate patient's perception of change in symptoms after surgery for rectal prolapse (RP) in patients over 80 years of age.

Study design, materials and methods

Retrospective review of all patients who had surgery for RP from 2009-2012 and were 80 years or older at the time of surgery. Demographics, preoperative characteristics, operative details, and postoperative follow-up were collected. Telephone interviews were conducted to assess patient satisfaction with surgery and post-op quality of life.

Results

43 patients met the study criteria, 7 deaths (not surgery related) were reported and were excluded. 36 patients (all female) were included. Duration of symptoms ranged from 1-144 months. Associated symptoms were urological in 44.4%, fecal incontinence (FI) in 56% and constipation in 17%. 14 patients (40%) had prior RP surgery. Mean number of vaginal deliveries was 3. Mean age at surgery was 85 yrs. 88% patients had an ASA score of III. 15 (42%) had an abdominal procedure (6 open, 6 lap, 2 lap-robotic, 1 robotic). 21 patients (58%) had a perineal procedure (15 Delorme and 6 Altemeier). 2 patients (17%) had levatorplasty and 7(20%) had surgery for pelvic organ prolapse concurrently. Overall duration of surgery was 3.36 hrs. Overall median length of stay was 3 days. There were no significant complications recorded within 30 days. FI was reported in 11 (37%) patients and urinary incontinence in 4(11%) postoperatively. 11/27(40%) patients had recurrence. 7/27 (26%) recurrences had received a Delorme repair, 4/27(15%) had a laparoscopic or open repair. Median follow-up was 9 months. 23/36 answered the survey. Patients who did not answer were in nursing homes and /or had memory issues. 39.1% of patients stated that surgery changed their symptoms. 73.9% were satisfied with the treatment. 30.4% noticed a significant improvement in quality of life. 65.2% would recommend surgery.

Interpretation of results

Most elderly patients are offered perineal procedures. Symptoms of prolapse affect quality of life and hence patients undergo surgery. The abdominal procedures done laparoscopically do not increase morbidity. Surgery offers relief of symptoms.

Concluding message

Surgery for rectal prolapse in octogenarians can be offered as it improves their day to day activity. However, recurrence rates are high but are lower in abdominal procedures. Morbidity and mortality is not different between perineal and abdominal procedures in this series.

Abdominal procedures therefore may be offered to this age group.

Concurrent pelvic organ prolapse surgery does not add to the mortality or morbidity in this age group.

	Perineal Repair	Abdominal Repair
	N=21 (15 Delorme, 6 Altemeier)	N=15 (7 open, 6 laparoscopic, 2 laparoscopic/robotic)
ASA III	19 (90.5%)	11 (84.6%)
Pelvic organ prolapse surgery	4 (19%)	3 (20%)
Median length of stay (days)(days)	3	5
Complications		
Bleeding	3 (14 %) patients	0
Pneumonia	0	2
Cardiac (arrhythmias)	2	1
C.diff	1	0
Deep venous thrombosis	1	0
Wound infection	0	1
Readmission <30 days	2 (5.6%)	0
Recurrence n=27	7/27(26%)	4/27(15%)
Do you feel happy about surgery?		
Answer :Yes n=23	11/16 (68.8%)	6/7(85%)
Would you recommend surgery?		
Answer : Yes n=23	8 /16(50.0%)	7/7(100)

Disclosures

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