

LAPAROSCOPIC HYSTERO-SACROCOLPOPEXY WITH LOW VENTRAL RECTOPEXY FOR COMBINED RECTAL AND GENITAL PROLAPSE. A SINGLE-INSTITUTION RETROSPECTIVE STUDY EVALUATING SURGICAL OUTCOME.

Hypothesis / aims of study

Laparoscopic Hystero-sacrocolpopexy (LSC) with Low ventral Rectopexy (LVR) is advocated for combined rectal and genital prolapse. The purpose of this study is to evaluate indications and outcomes of laparoscopic LSC with LVR by comparing pre and post-operative function and quality of live. In our knowledge it is the first publication evaluating the anatomical and functional results of the two procedures combined.

Study design, materials and methods

A retrospective review of prospectively collected data was performed of all patients undergoing Hysterosacrocolpopexy with rectopexy in our institution from June 2009 to June 2014. Pre- and post-operative data referring to international pelvic organ prolapse quantitation classification (POP-Q), scores of quality of life and sexuality (French equivalent of the Pelvic Floor Distress Inventory (PFDI), Pelvic Floor Impact Questionnaire (PFIQ) and Pelvic organ prolapse-urinary Incontinence-Sexual Questionnaire (PISQ-12) were compared. Two hundred and ten patients were treated for genital prolapse by conventional Laparoscopic Hysterosacrocolpopexy (LPS). A majority of patients underwent Dynamic-MRI to confirm the genital prolaps and association with occult rectal prolapse. To treat the patients two large pore size (≥ 1 mm) heavyweight (115 g/m²) monofilament of polypropylene prostheses (Aspide® Group, Surgimesh Implant) were exclusively used for this technique. The prostheses were fixed on posterior and anterior face of the vagina with absorbable sutures (Ethicon Vicryl Polyglactin 910 @ 2/0, 26 mm, ½ c) and on the sacrum with permanent sutures (Mersuture 1). For the patients with mixed prolapse (genital prolapse and external rectal prolapse or occult rectal prolapse with anal incontinence and/or obstructed defecation) the mesh was fixed on the anterior face of the rectum with absorbable sutures Vicryl 2/0 (Ethicon Vicryl Polyglactin 910 @ 2/0, 26 mm, ½ c). The patients were contacted and completed postal questionnaires more than one year after surgery and had a follow up in our department.

Results

A total of 210 women (median age 55 years, range (28-86), underwent laparoscopic sacro-hysteropexy for genital prolapse, 32 of them had a mixed prolapse, with occult rectal prolapse and anal incontinence and /or obstructed defecation (n=31) or external rectal prolapse (n=1). In those cases laparoscopic hysteropexy and low ventral rectopexy were performed. In this population no concomitant hysterectomy. Complications included pre-sacral bleeding (n=1), phlebitis (n=1). There were no mortalities. With a mean follow-up of 26.7 months (range 4-90), all the patients were accessible for evaluation. Pre operatively 81 % reported constipation, post operatively 34 % reported resolution or improvement, bowell symptoms severity was measured with the CRADI of the PFDI and demonstrated improvement (67-23, p<0.001). Fecal incontinence measured by Vexner score was significantly improved (12-2; p< 0.01), 82 % of patients reported cure or improvement. Quality of live scores improved significantly. No patient developed recurrent rectal or genital prolapse.

Interpretation of results

This study is limited by the Retrospective methodology

Concluding message

Combined LPS and LVR to treat middle and post compartment is safe, improve bowel symptoms, prevent the recurrences.

Disclosures

Funding: NONE **Clinical Trial:** Yes **Public Registry:** No **RCT:** No **Subjects:** HUMAN **Ethics not Req'd:** RETROSPECTIVE **STUDY Helsinki:** Yes **Informed Consent:** Yes