

# Ventral Rectopexy for Treatment of Rectocele: About 62 Patients

*Colorectal Surgery Unit, Chu Caen, France*

Christelle Lartigau, Colorectal Surgery Unit 7.30, Chu Caen, France, Tel: +33231063106; E-mail: lartigau-c@chu-caen.fr

Feb 01, 2014,

Mar 20, 2014,

Mar 26, 2014

recurrence of rectocele occurred below the prosthesis. For the latter, there was adisinsertion of the prosthesis from the promontory.

The ODS score questionnaire form was sent to sixty-two patients. Fifty-eight patients (94%) returned the completed questionnaire. For the four other patients, there is one death and three are lost sight.

We retrospectively analysed each symptom to assess their improvement or worsening.

The results for obstructed defaecation are presented in Table 1. No patient had obstructed defaecation de novo or felt worsened after surgery. Twenty patients had fewer than three stools per week (34.5%). Among them, fourteen patients feel currently improved with a stool per day or every other day (70% improvement). Thirty-two patients were using digital facilitation (55% of patients). Before surgery, twenty-five patients (i.e. 78%) do not use this digital facilitation after surgery. Forty-three patients (74%) had either evacuation difficulties or feelings of incomplete evacuation. For thirty of them, this symptom has disappeared (70% of success).

## 7cbW gcb

The ventral rectopexy according to D'Hoore for the treatment of rectocele appears as a technical reference.

Indeed, the literature and our study show a minimal morbidity, a satisfactory anatomical correction with a low recurrence rate. Moreover, considering the long-term functional outcome, the most important objective is satisfactory. Our overall satisfaction rate is 86%.

At last, the use of standardized questionnaire is absolutely necessary in order to objectively assess the feelings of patients and to better adapt our care.

## RZYfYbWg

1. D'Hoore A, Penninckx F (2006) Laparoscopic ventral recto(colpo)pexy for rectal prolapse: surgical technique and outcome for 109 patients. *SurgEndosc* 20: 1919-1923

2. D'Hoore A, Cadoni R, Penninckx F (2004) Long-term outcome of laparoscopic ventral rectopexy for total rectal prolapse. *Br J Surg* 91: 1500-1505
3. Wong M, Meurette G, Abet E, Podevin J, Lehur PA (2011) Safety and efficacy of laparoscopic ventral mesh rectopexy for complex rectocele. *Colorectal Dis* 13: 1019-1023
4. Vermeulen J, Lange JF, Sikkenk AC, van der Harst E (2005) Anterolateral rectopexy for correction of rectoceles leads to good anatomical but poor functional results. *Tech Coloproctol* 9: 35-41.
5. Maggiori L, Bretagnol F, Ferron M, Panis Y (2013) Laparoscopic ventral rectopexy: a prospective long-term evaluation of functional results and quality of life. *Tech Coloproctol* 17: 431-436