

Laparoscopic Rectopexy: First Option for Rectal Prolapse?

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Abstract

Background: Rectal prolapse (RP) is one of the benign ano-rectal diseases and impairs the quality of life due to co-existing constipation and incontinence problems. There is no consensus for the most accurate surgical method for its treatment.

Aim: The objective was to evaluate the short- and long-term results of patients with rectal prolapse who underwent surgery in our clinic.

Material and Method: A retrospective analysis was performed of 83 patients with RP who underwent surgery between 1997-2013 in terms of demographic data, surgical technique, complications, and early and late outcomes.

Results: The mean age was 45 years (\pm 18 years) and 60% (n = 50) of the patients were female. The mean body mass index (BMI) was 24.3 (\pm 4.1) kg/m². The mean age was significantly higher in the transperineal approach (PA group) than trans-abdominal approach (TA group) (p <0.05). The length of hospital stay was not affected by surgical technique (open or laparoscopic or perineal surgery), but in the subgroup analysis it was significantly shorter for laparoscopic rectopexy (p <0.05). The median follow-up was 80 \pm 38.6 months. Ten (12%) patients had recurrence during the follow-up period; however, recurrence was not associated with the type of surgical technique (p = 0.824).

Conclusion: Giving consideration to patients' additional symptoms and general condition before committing to a surgical method for RP may improve the success rate. Laparoscopic rectopexy should be considered as the first option in the treatment RP owing to its favorable early-term outcomes and acceptable rate of long-term recurrence.

Key words: rectal prolapsus, laparoscopy, rectopexy, trans-abdominal procedures, perineal procedures