



Comparison of functional outcomes for
patients with faecal incontinence treated by
laparoscopic ventral rectopexy
associated with either an external or internal rectal
prolapse

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Introduction

- Surgery is the recommended therapy for external rectal prolapse
- Recent data suggest improvement in faecal incontinence after rectopexy for high-grade internal rectal prolapse

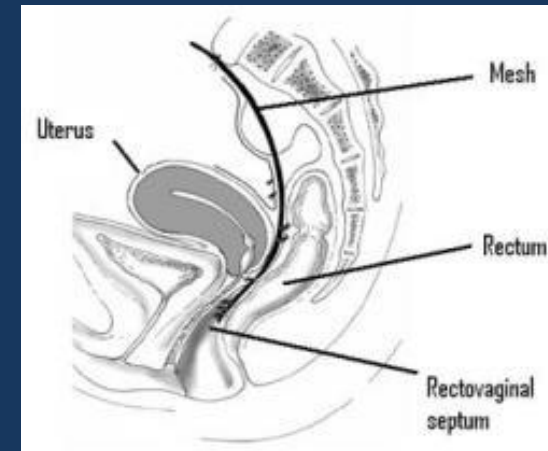
Van Geluwe et al. 2013

Gosselink et al. 2013

Mackenzie et al. 2014

Aim of the study

To compare the outcomes after laparoscopic ventral rectopexy for faecal incontinence in external and high-grade internal rectal prolapse



Methods

Time period: 2010 – 2012

Total number of patients: 91

High-grade IRP 50

External rectal prolapse 41

Follow up: 1 year



Methods



Oxford Rectal Prolapse Grading System

Internal rectal prolapse	I (low grade)	Descends no lower than proximal limit of the rectocele
	II (low grade)	Descends into the level of the rectocele, but not onto sphincter/anal canal.
	III (high grade)	Descends onto sphincter/anal canal
	IV (high grade)	Descends into sphincter/anal canal.
External rectal prolapse	V (overt rectal prolapse)	Protrudes from anus.

Methods

Questionnaires:

- 1 Fecal Incontinence Severity Index
- 2 Wexner Constipation Score
- 3 Gastrointestinal Quality of Life Index
- 4 Urinary and Sexual function questions



Methods

Inclusion criteria LVR for internal rectal prolapse

- 1 Grade 3-4 IRP on proctogram/EUA
- 2 FISI score > 30
- 3 Not responding to maximum medical treatment including 6 months pelvic floor retraining



Results

Baseline Characteristics

	<i>High-grade internal rectal prolapse</i>	<i>External rectal prolapse</i>	p-value
Number of patients	50	41	
Median age	59 (30-87)	63 (18-91)	0.07
Male / female	2/48	3/38	0.65
Concomitant rectocele (%)	43 (86)	28 (68)	0.07
Concomitant enterocele (%)	14 (28)	16 (39)	0.13
Perineal descent (%)	18 (36)	18 (44)	0.22



Results

Anorectal ultrasound / manometry

	<i>High-grade internal rectal prolapse</i>	<i>External rectal prolapse</i>	p-value
Sphincter defect (IAS/EAS) (%)	25 (24)	10 (28)	0.70
MARP (mmHg)	50 (10-129)	60 (16-107)	0.23
MASP (mmHg)	96 (30-247)	108 (40-198)	0.24
First Sensation (cc)	47 (11-120)	33 (25-70)	0.14
Earliest urge (cc)	92 (50-310)	80 (41-150)	0.39
Maximum tolerated (cc)	145 (90-320)	122 (60-240)	0.25

Results

Morbidity and recurrence

	Rectal prolapse	
	Internal	External
Postoperative complications	7%	10%
1-year Recurrence	6%	2%

Results

Faecal Incontinence

	Preoperative	1-year post	p-value
FISI			
Internal	42	22	P<0.01
External	30	15	P<0.01

Results

Constipation

	Preoperative	1-year post	p-value
Wexner Constipation score			
Internal	10.3	7.2	P<0.01
External	11.4	6.6	P<0.01

Results

Quality of life

	Preoperative	1-year post	p-value
GI-QOL			
Internal	79	92	P<0.01
External	89	105	P<0.01

Results

Urinary and Sexual Function

	Rectal prolapse	
	Internal	External
New-onset urinary symptoms	8%	5%
New-onset dyspareunia	9%	0%



Conclusion

Laparoscopic ventral rectopexy for faecal incontinence achieves equivalent outcomes in both high-grade internal rectal prolapse or external rectal prolapse.





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