Laparoscopic Ventral Rectopexy for rectal prolapse and symptomatic rectoceles; an analysis of 919 consecutive patients

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Meander MC Amersfoort and UZ Leuven

no conflict of interest
Posterior compartment prolapse

>100 surgical techniques

Heterogeneity of studies

Laparoscopic Ventral Rectopexy (LVR)

Small series (<250)

FDA warning

ATTENTION!
FDA WARNS VAGINAL MESH IMPLANTS...
can cause pain, infection, bleeding, and serious complications.

D'Hoore et al. BJS 2004
D'Hoore et al. Surg Endosc 2006
D'Hoore et al. BJS 2008

FDA SAFETY WARNING!

GET INFORMED

MESH INJURES WOMEN

MESH DEGRADES

MESH INJURES WOMEN

FDA SAFETY WARNING!

MESH DEGRADES
Aim

To determine Mesh related complications in the largest cohort of patients to date

Safety and effectiveness
<table>
<thead>
<tr>
<th>Patients</th>
<th>Retrospective cohort study ‘99-’13</th>
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<tbody>
<tr>
<td>and</td>
<td></td>
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<tr>
<td>Methods</td>
<td>MeanderMC Amersfoort and UZ Leuven</td>
</tr>
</tbody>
</table>
## Results (n=919)

<table>
<thead>
<tr>
<th></th>
<th>Leuven n = 498 (%)</th>
<th>Amersfoort n = 421 (%)</th>
<th>Total n = 919 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Women/men [age]</strong></td>
<td>463/34 [50.7]</td>
<td>405/16 [61.8]</td>
<td>869/50 [55.8]</td>
</tr>
<tr>
<td><strong>Diagnosis</strong></td>
<td></td>
<td></td>
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<tr>
<td>ERP</td>
<td>186 (37.3)</td>
<td>56 (13.3)</td>
<td>242 (26.3)</td>
</tr>
<tr>
<td>IRP or/and symp. rectocele*</td>
<td>194 (39.0)</td>
<td>266 (63.2)</td>
<td>460 (50.1)</td>
</tr>
<tr>
<td>* with enterocele</td>
<td>118 (23.7)</td>
<td>99 (23.5)</td>
<td>217 (23.6)</td>
</tr>
<tr>
<td><strong>Conversion</strong></td>
<td>10 (2.0)</td>
<td>10 (2.4)</td>
<td>20 (2.2)</td>
</tr>
<tr>
<td><strong>Postoperative in-hospital mortality</strong></td>
<td>0</td>
<td>1 (0.2)</td>
<td>1 (0.1)</td>
</tr>
<tr>
<td><strong>Length of hospital stay (mean)</strong></td>
<td>4.4</td>
<td>4.5</td>
<td>4.4</td>
</tr>
<tr>
<td><strong>Early postoperative complications</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major</td>
<td>82 (16.5)</td>
<td>32 (7.6)</td>
<td>114 (12.4)</td>
</tr>
<tr>
<td>Minor</td>
<td>7 (1.4)</td>
<td>8 (1.9)</td>
<td>15 (1.6)</td>
</tr>
<tr>
<td></td>
<td>75 (15.1)</td>
<td>24 (5.7)</td>
<td>99 (10.8)</td>
</tr>
<tr>
<td><strong>Follow-up in months (mean)</strong></td>
<td>61.5</td>
<td>24.1</td>
<td>44.3</td>
</tr>
</tbody>
</table>
Results – mesh related complications

Transvaginal prolaps repair: 10.3% within 12 months (n=11.785)

Sacral colpopexy: erosion 4.7% within 23 months (n=1.869)
Results – obstructed defecation

N = 22 (2.4%) ODS/constipation de novo

70.5% improvement

N = 496 (54%)

N = 143 (15.6%)
N = 12 (1.3%) slow transit
Results – fecal incontinence

Detrimental effect: 2.3%
N = 12 → grade 3, N = 9 → grade 4

80.2% improvement
Recurrence – Kaplan-Meier estimates

Total: 68 (7.4%) recurrences

Survival Function
Censored
ERP recurrence free survival of patients within ERP group

Total: 13 (5.4%) recurrences
Conclusion

With low morbidity, acceptable recurrence rates and good functional results in this large cohort of patients, LVR is a safe and effective operation voor RP and symptomatic rectoceles.
Questions?