Defect-specific rectocele repair: medium-term anatomical, functional and subjective outcomes

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AUSTRALIAN & NEW ZEALAND JOURNAL OF OBSTETRICS & GYNAECOLOGY
Volumen: 55
Número: 5
Páginas: 487-492
DOI: 10.1111/ajo.12347
Fecha de publicación: OCT 2015
Ver información de revista

Resumen

BackgroundRectocele is a herniation of the anterior wall of the rectal ampulla through a defect in the rectovaginal septum causing protrusion of the posterior vaginal wall. Common symptoms include symptoms of prolapse and obstructed defecation.

AimsTo describe subjective, anatomical and functional results of defect-specific rectocele repair.

Materials and MethodsThis is an internal audit of 137 women who underwent defect-specific rectocele repair. Pre- and post-operative assessment included a standardised interview, clinical examination and 3D/4D transperineal ultrasound. Outcome measures were symptoms of obstructed defecation, recurrent prolapse symptoms, clinical posterior compartment recurrence and rectocele recurrence on ultrasound.

ResultsAt a mean follow-up of 1.4 years, 117 (85%) of women considered themselves cured or improved. Thirty-four (25%) complained of recurrent prolapse symptoms and 47 (34%) symptoms of obstructed defecation, a significant reduction (P<0.0001). Clinical recurrence (Bp-1) was seen in 19 women (14%) and recurrence on ultrasound in 27 (20%). The mean depth of recurrence was 16.6mm (10.3-25.1). We tested multiple potential predictors of recurrence, including age, BMI, vaginal parity, previous hysterectomy and/or prolapse surgery, follow-up time, pre-operative clinical and ultrasound findings. Only hiatal area on Valsalva (OR 0.95 for sonographic recurrence, P=0.01) and enterocele (for clinical and sonographic recurrence, OR 4.03, P=0.01 and OR 2.72, P=0.02, respectively) reached significance.

ConclusionDefect-specific rectocele repair is effective both in restitution of normal anatomy and in resolving prolapse and obstructed defecation symptoms at a mean follow-up of 1.4 years.

Palabras clave
Palabras clave de autor: 3D; 4D ultrasound; obstructed defecation; prolapse; rectocele; transperineal ultrasound

KeyWords Plus: PELVIC FLOOR ULTRASOUND; OBSTRUCTED DEFECATION; PROLAPSE

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Editorial
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Categorías / Clasificación
Áreas de investigación: Obstetrics & Gynecology
Categorías de Web of Science: Obstetrics & Gynecology

Información del documento
Tipo de documento: Article
Idioma: English
Número de acceso: WOS:000362566300015
ISSN: 0004-8666
eISSN: 1479-828X

Información de la revista
- Impact Factor: Journal Citation Reports®