

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

Por: **Rojas, RG** (Guzman Rojas, Rodrigo)^[1,2]; **Atan, IK** (Atan, Ixora Kamisan)^[3,4]; **Shek, KL** (Shek, Ka Lai)^[3,5]; **Dietz, HP** (Dietz, Hans Peter)^[3]

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

Background Rectocele 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.

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

Materials and Methods This 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.

Results At 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 16.6 mm (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.

Conclusion Defect-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

Información del autor

Dirección para petición de copias: Rojas, RG (autor para petición de copias)

Clin Alemana Santiago, Ave Vitacura 5951, Santiago 7650568, Chile.

Direcciones:

- + [1] Univ Desarrollo, Clin Alemana, Fac Med, Dept Obstet & Ginecol, Concepcion, Chile
- + [2] Univ Chile, Hosp Clin, Dept Obstet & Ginecol, Santiago, Chile
- + [3] Univ Sydney, Sydney Med Sch Nepean, Dept Obstet & Gynecol, Penrith, NSW, Australia
- + [4] Univ Kebangsaan Malaysia, Med Ctr, Kuala Lumpur, Malaysia
- + [5] Univ Western Sydney, Liverpool Hosp, Dept Obstet & Gynecol, Sydney, NSW, Australia

Direcciones de correo electrónico:Rodrigoguzman.66@gmail.com

Editorial

WILEY-BLACKWELL, 111 RIVER ST, HOBOKEN 07030-5774, NJ USA

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®](#)