

GRAFT-REINFORCED RECTOCELE REPAIR

Introduction

Pelvic organ prolapse repair is one of the most common surgeries in postmenopausal women. Rectoceles when symptomatic may significantly impact quality of life. Asymptomatic rectoceles or low grade rectoceles may be managed non-operatively. Highly symptomatic rectoceles may require surgery. Indications include splinting with bowel movements and a bulging posterior vaginal sensation. Surgical repair of rectoceles may be challenging. Native tissue repairs have high failure rates and are associated with high rates of postoperative pain and dyspareunia. We have developed a technique based on principles used in herniorrhaphy, which include covering the entire defect with a reinforcing graft, held by strong points of fixation.

Our objective is to provide a safe, efficient, tension-free, durable support for the posterior compartment without causing dyspareunia, pain, or narrowing of the canal or introitus.

Design

The procedure performed in the video is a high grade rectocele repair using synthetic mesh, but a biologic graft-either cadaveric or xenograft materials may be used.

A key to successful vaginal prolapse surgery is creating level 1 support. Our repair relies on sacrospinous ligament fixation which provides level 1 apical support. Additional fixation points are the cervix, which pulls the posterior vaginal canal apically, the lateral pararectal muscles, and the levator hiatus. The additional fixations point help keep the implant flat, smooth, without folding or bunching until healing is complete.

Results

Operative time is approximately 45 minutes, and may be done as an ambulatory procedure. Pain medication requirements are minimal and patients can return to work within one week of surgery. Heavy lifting is not restricted. No limitations to activities are required, except for no vaginal penetration.

Conclusion

Graft-reinforced rectocele repair may be performed safely and efficiently, with durable results.

Disclosures

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