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OUTCOMES AFTER TRANSVAGINAL RECTOCOELE REPAIR AND LEVATORPLASTY

Hypothesis / aims of study

A rectocoele is described as a weakening of the rectovaginal septum, allowing the rectum to prolapse through the vaginal wall. This study will assess the surgical outcomes following transvaginal rectocoele repair and levatorplasty.

Study design, materials and methods

A retrospective analysis of patients who underwent transvaginal rectocoele repair under the care of three surgeons was performed. Electronic clinical records were obtained for patients having transvaginal rectocoele repair and levatorplasty between August 2003 and September 2014.

Age, pre-operative and post-operative symptoms (defaecatory difficulty, per rectal digitation, per vaginal digitation, faecal urgency, post-defecation soiling, sensation of incomplete evacuation and sensation of bulge in vagina), length of stay and surgical complications (Clavien-dindo scoring system (1)) were recorded.

Patients were later contacted via telephone and asked to participate in a questionnaire. 34 questions were asked relating to bowel function and sexual function. The patients were asked to grade the "Bother" of each symptom on a scale of 1-10. The total bother was calculated as an indicator of percieved impact on quality of life. Maximum total bother = 250.

All data were collated and recorded in a spreadsheet and analysed using statistical analysis software.

Results

148 had transvaginal rectocoele repair and levatorplasty in this period. 110 records were available for review. The mean patient age at surgery was 55 (±1 S.D.: 44, 66). The median length of stay was 3 days (IQR: 2,4). Of the 110 patients, 98 attended post-op follow up clinic.

Table 1 shows the percentage of patients with symptoms before and after surgery. There was a significant improvement in patient symptoms for defaecatory difficulty and soiling.

Table 1: Percentage of patients with symptoms before and after surgery

Symptom	Defecatory difficulty	Per rectal digitation	Per vaginal digitation	Faecal Urgency	Post-defecatory soiling	Incomplete evacuation	Sensation of bulge in vagina
% of Patients with symptom pre-operatively	95.5%	21.8%	47.3%	51.8%	49.1%	82.7%	74.6%
% of Patients with symptom post-operatively	19%	2%	2%	12%	10%	16%	5%
P-value (3 d.p.)	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001

18 patients developed minor complications (e.g. superficial wound infection, discharge, minor bleeding) (9 (8.2%) Clavien-Dindo Grade I; 9 (8.2%) Grade II). Only 1 patient (0.9%) developed a major complication (Clavien-Dindo Grade IIIb) (an ano-vaginal fistula).

There were 24 respondants to the telephone questionnaire out of a possible 110 (Response rate = 22%). Average length of follow-up was 39 months (+/- 2 S.D.: 18, 60) following surgery. Median total bother was 54 (IQR: 28, 95.75) out of 250.

Sexual function:

2/24 women stopped having sex as a result of their vaginal symptoms (8.3%). A further 9/24 women also reported they'd stopped having sex, but unrelated to their vaginal symptoms and due to other reasons (37.5%). Patients were asked, on a scale of 0-10 how much they felt their sex life had been spoilt by their symptoms. 19 women reported that it was not spoilt at all (79.2%). The remaining 5 reported that they felt it was spoilt giving a mean score of 8 (Range: 5, 10).

Interpretation of results

With the correct patient selection, transvaginal rectocoele repair and levatorplasty significantly improves patient symptoms and has a low complication rate. However, long-term follow-up shows that some symptoms do persist and do continue to impact on the quality of life of patients. There is also risk that sexual function does continue to be reduced in a portion of patients.

Concluding message

Transvaginal rectocoele repair and levatorplasty should be considered in patients with symptomatic rectocoeles who have failed conservative treatment as this study proves that there is an improvement in symptoms.

With regards to the telephone questionnaire, the results are still inconclusive and will require participation from more patients before any firm conclusion can be made.

Disclosures

Funding: None **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** This study was discussed with the hospital research and development department and it was deemed that ethical approval was not required. **Helsinki:** Yes **Informed Consent:** Yes