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Clinical and Functional Outcomes after Abdominal Mesh Rectopexy for Complete Rectal Prolapse

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I. BACKGROUND

• Complete rectal prolapse is a distressing condition. It is frequently associated with incontinence because of underlying weak sphincter mechanism or presence of prolapsed protruding through the anal canal leading to poor sphincter function.
• Full thickness rectal prolapse is complete eversion of rectum through anal canal. Although it can occur at any age ,the mean age of incidence is 4-7th decade of life
• With slight male preponderance in asian countries whereas the western population has a female preponderance.
• In the past recurrence of prolapse was high but with adoption of more elaborate surgical techniques the results have improved. Another problem is persistently poor rectal function even after a successful treatment of prolapse in these patients.
• Most successful operations are those that either use a synthetic material to fix the rectum to sacrum or resect a portion of rectosigmoid
• Abdominal rectopexy has a low mortality and morbidity with recurrence rate of less than 4

II. AIMS AND OBJECTIVES :

 To study the recurrence and postoperative complications of abdominal mesh rectopexy using prolene mesh for complete rectal prolapse.
 To study the functional results (bowel frequency, incontinence following abdominal mesh rectopexy

III. MATERIALS & METHODS :

This is a prospective study of 12 patients admitted in Prathima Hospital of Prathima Institute of Medical Sciences, Karimnagar with complete rectal prolapse during the period from August 2020 to August 2022.
• Patients above the age of 18 years ,with complete rectal prolapse were included.
• Patients with mucosal prolapse , rectocele ,previous complex pelvic surgeries were excluded from the study.

IV. RESULTS

AGE DISTRIBUTION : In this study 12 patients were included with a mean age of 46.3 years. Most of cases were above 40 years old. Highest occurrence was seen in age group 51-60

Age in	No. of	percentag
31-40	3	25%
41-50	4	33.3%
51-60	5	41.7%

SEX DISTRIBUTION : There is a prominent male preponderance with male: female ratio of 1:2

Se	No.of	Percentag
Male	8	66.6%
Female	4	33.3%

SYMPTOMS & SIGNS : The predominant symptoms were prolapse and mucous discharge with mean duration of 6.4 months

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with occasional bleeding being the next common symptom

Symptom	No. of cases with percentag	Mean
Rectal	12 (100%)	6.4
Mucus	12 (100%)	6.4
Occasional bleeding	7 (58.3%)	2.8
Loose	2 (16.6%)	2.6
constipatio	3 (25%)	12.4
Incontinence to stool/flatu	2 (16.6%)	2.4

Bowel	No. of	Percentag
constipatio	4	33.3%
1-2 times/	5	41.6%
2-3 times/	2	16.6%
More than 3/	1	8.3%

Bowel Frequency Pre Operatively : 8.3% patients had bowel frequency > 3 times /day and constipation was present in 33.3 % of

POST OPERATIVE COMPLICATIONS :

Complication	No.of	percentag
Hemorrhag	0	0
Prolonged	2	16%
Mesh	0	0
Wound	1	8.3%
Bladder dysfunctio	0	0
Erectile dysfunctio	0	0
mortalit	0	0

RECURRENCE AFTER PROLAPSE :

	No. of	percentag
Partia	nil	0
complet	nil	0

FUNCTIONAL RESULTS after abdominal mesh rectopexy : No improvement in constipation but bowel frequency decreased significantly in all cases postoperatively.

Bowel	No. of cases (preoperatively	No. of cases(postoperatively
Constipation	4 (33.3%)	4 (33.3%)
1-2 times/	5 (41.8%)	7 (58.3%)
2-4 times/	2 (16.6%)	nil
> 3 times/	1	nil

V. OUTCOMES

Constipation

Abdominal mesh rectopexy is shown by many to produce postoperative constipation In upto 10-47%
patients In our study 4 patients had constipation preoperatively and the constipation persisted postoperatively also, but we did not observe new onset constipation in any of the patients

Incontinence

The incidence of restored continence after a succesful abdominal mesh rectopexy is generally high In our study only 2 patients had grade 3 incontinence preoperatively , they became fully continent after surgery with a 100 % restoration of

VI. DISCUSSION

•Complete rectal prolapse is a distressing condition most commonly seen in adults.
• We have seen this condition predominantly in age groups around 50 years
• In our study there is a male preponderance with male: female ratio being 1:2
• All female patients were parous without any evidence of cystocele/rectocele or uterine prolapsed.
• Disordered bowel habit particularly constipation with straining is considered a predisposing factor but in our study we found that only 4 cases (33.3%) had constipation
• In our series only 2 cases (16.6%) complained of incontinence (to liquid stool)

• Over the past 3-4 decades abdominal mesh rectopexy has become accepted management for complete rectal prolapse in patients fit enough to undergo an abdominal procedure . Several series reported zero mortality with this operation.

VII. CONCLUSION

• Abdominal mesh rectopexy using prolene mesh produced no morbidity or mortality or recurrence in our hands

• We observed that the learning curve for this operation is low and results were easily reproducible.

• There were no signifiant postoperative complications including constipation/mesh infection.

• Functional results in terms of restoring continence was also excellent , therefore we consider the abdominal mesh rectopexy with prolene mesh an ideal operation for complete rectal prolapse for patients who are fit for abdominal procedure.

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